

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063800002		CITY OF	R TOWN	LYNN	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS	}			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 163 BLO		SOCIAL & A	THLETIC ASS	SOC. INC		
CITY/TOWN: LYN		STATE:	MA 7IP (CODE:	01902	
	LLIPO, ROCCOTYPI					All Alcohol
EMAIL ADDRESS:		BSITE AND ENTER YO			ATEOOKT.	
ONE FLOOR WITH FRONT LEFT SIDE	I STORAGE ROOM A E OF BUILDING	AND KITCHE	N, NO CELLAI	RPAT	TIO AREA O	N THE
 the renew the licens 	wear under penalties of the discense will be of the discense will be of the discense will be of the discense with a ses are now open for the discense will be discense.	he same type fo all laws of the C	Commonwealth	relating to		
SIGNED BY	Individual, Partner of	or Authorized (Corporate Offic	er		
DATE:	TELEPHONE	E NUMBER:				TION NUMBER:
Acts of 2004, signed	d, attest that we are id by the building insp (2) the certificate of l	pector and the	head of the fir	e departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAI By:	L LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	2K: 063800005		CITYOR	IOWN	LINN	
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME	E: J.T. SHAWMU	Γ INC.				
DOING BUSINES	S A OVER EASY					
ADDRESS 55 BOX	STON ST.					
CITY/TOWN: LY	YNN	STATE: MA	ZIP CO	ODE:	01904	
	ANDOLFO, T IOMAS M.	YPE OF LICENSE: Re	staurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION O	F LICENSED PREM	MISES:				
FOUR ROOMS OF	N ONE FLOOR NO	CELLAR				
	d swear under penalt					
		of the same type for the	-			
	•	vith all laws of the Com		elating to	o taxes; and	
3. the pren	nises are now open t	for business (If not expl	ain below)			
SIGNED BY	Individual, Part	ner or Authorized Corp	orate Office	r		
	,					
DATE:	TELEDIA	ONIE NIUMBED.	FN	лы Олек	IDENTIFICA'	TION NUMBER:
	TELEFIN	ONE NUMBER:				Security Number)
Acts of 2004, sign	ned by the building	are in possession (1) the inspector and the heat of liquor liability insu	d of the fire	departi	nent for the	e above
Please Check Below:			LOCAL	LICENS	ING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	olain)					
DATE.						
DATE:						



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LICENSE NUMBER: 063800007		CITY OR TOWN LYNN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: NEW QUIMBY	'S, INC.		
DOING BUSINESS A O'BRIENS			
ADDRESS 829-39 BOSTON ST.			
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01905	
MANAGER: O'BRIEN, JOHN J. T	YPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
ONE FLOOR; 3 ROOMS, KITCHEN	AND STOREROOM- L	OUNGE ON SECOND FLOC	PR.
I hereby certify and swear under penalt	ies of perjury that:		
1. the renewed license will be	of the same type for the	same premises now licensed;	
2. the licensee has complied w	ith all laws of the Comn	nonwealth relating to taxes; and	d
3. the premises are now open f	for business (If not expla	in below)	
SIGNED BY			
Individual, Parti	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA	
		(Note: NOT Individual Socia	l Security Number)
We the undersigned, attest that we a	ore in necession (1) the	a cortificate required by Cha	ntar 304 of the
Acts of 2004, signed by the building			
named license and (2) the certificate			
of 2010.			
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
DATE:			
		-	
APPLICATION FOR RENEWAL MUST BE FILED B	Y LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	S 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063800009		CITY OR TOW	N LINN	
APPLICATION FOR 1	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BRADSTER INC.				
DOING BUSINESS A	LAZY DOG SPORTS	BAR			
ADDRESS 00328A B	ROADWAY				
CITY/TOWN: LYNN	N S	TATE: MA	ZIP CODE:	01904	
MANAGER: DILL,	ESTELLE A. TYPE OF	F LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM.	AIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES:				
ONE FLOOR, CELLA	R FOR STORAGE.				
I hereby certify and sw	ear under penalties of pe	erjury that:			
1. the renewed	l license will be of the sa	me type for the s	same premises no	w licensed;	
2. the licensee	has complied with all la	ws of the Comm	onwealth relating	g to taxes; and	
3. the premise	s are now open for busin	ess (If not explai	in below)		
SIGNED BY	Individual, Partner or A	uthorized Corpor	rate Officer		
DATE:	TELEPHONE NU	MBER:		ER IDENTIFICAT	
Acts of 2004, signed l	attest that we are in po by the building inspecto) the certificate of liquo	or and the head	of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	63800010		CITY OR TOW	'N LYNN	
APPLICATION FOR R	ENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: C	CONEMMY INC				
DOING BUSINESS A					
ADDRESS 265 BROAL	DWAY				
CITY/TOWN: LYNN		STATE: MA	ZIP CODE:	01904	
MANAGER:	TY	PE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREM	ISES:			
FIRST FLOOR, BASE	MENT FOR STO	ORAGE			
I hereby certify and swe	ar under penaltie	es of perjury that:			
1. the renewed	license will be of	f the same type for th	e same premises no	ow licensed;	
2. the licensee l	has complied wit	th all laws of the Con	monwealth relatin	g to taxes; and	
3. the premises	are now open fo	or business (If not exp	lain below)		
SIGNED BY	ndividual, Partne	er or Authorized Corp	oorate Officer		
DATE:	TELEPHO!	NE NUMBER:		YER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building in	nspector and the hea	d of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain))		-		
			-		



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LICENSE NUMBER: 063	800011		CITY	OR TOWN	LYNN	
APPLICATION FOR REI	NEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: HA	YES-MENINNO	O LLC				
DOING BUSINESS A RO	olly's Tavern on	the Square				
ADDRESS 338 BROADV	WAY					
CITY/TOWN: LYNN		STATE:	MA Z	IP CODE:	01904	
MANAGER: MENINNO HAYES, V		E OF LICEN	SE:Restauran	t C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	E ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL ADI	DRESS		_
DESCRIPTION OF LICE	NSED PREMIS	ES:				
1 FLOOR, 1ROOM, BAR building	. & TABLES, BA	ASEMENT F	OR STORAC	SE. Adding	four tables in	front of
I hereby certify and swear	under penalties	of perjury tha	t:			
1. the renewed lic	ense will be of t	he same type	for the same	premises now	licensed;	
2. the licensee has	s complied with	all laws of the	Commonwe	alth relating t	to taxes; and	
3. the premises ar	e now open for l	ousiness (If no	ot explain bel	ow)		
SIGNED BY						
Ind	ividual, Partner	or Authorized	l Corporate O	officer		
DATE:	TELEPHONE	E NUMBER:			R IDENTIFICAT	
				(Note. NOT In	dividual Social S	ecurity Number)
We the undersigned, att Acts of 2004, signed by the named license and (2) the of 2010.	the building ins	pector and th	ne head of the	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)						
(11 disappioved expialli)						
DATE:						



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LICENSE NUM	ABEK: 063800018		CITY OR TOWN LINN	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	ME: KEVIN'S CU	JLTURAL CORNER INC		
DOING BUSIN	JESS A			
ADDRESS 151	-53 CENTRAL AV	E.		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01901	
	GOORAHLAL, GARY M.	TYPE OF LICENSE:R	estaurant CATEGORY	: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PI	REMISES:		
DINING ROOM	M AND KITCHEN	ON FIRST FLOOR, CEL	LAR FOR STORAGE	
I hereby certify	and swear under per	nalties of perjury that:		
1. the r	enewed license will	be of the same type for th	ne same premises now licensed;	
2. the 1	icensee has complie	d with all laws of the Con	nmonwealth relating to taxes; and	
3. the p	oremises are now op	en for business (If not exp	plain below)	
SIGNED BY	Individual, P	Partner or Authorized Corp		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, s	signed by the buildi	ing inspector and the he	he certificate required by Chap ad of the fire department for th surance required by Chapter 11	e above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NU	MBER: 063800023		CITY OR TOWN LYNN	
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FO	PR 2013
		CLASS		YEAR
LICENSEE NA	AME: MONTE'S I	NC.		
DOING BUSI	NESS A			
ADDRESS 14	1-43 EASTERN AV	E.		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01902	2
MANAGER:	MCASKILL, FRANCIS	TYPE OF LICENSE: Res	staurant CATEGO	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PI			
	TWO DINING ROOM M FROM PARKING		ELLAR FOR STOCK. ENT	RANCE TO
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed	l;
2. the	licensee has complie	d with all laws of the Comr	nonwealth relating to taxes;	and
3. the	premises are now op	en for business (If not expla	ain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIF	
			(Note: <u>NOT</u> Individual So	ocial Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Cl d of the fire department for rance required by Chapter	r the above
of 2010.	(=)			
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AU	JTHORITY
APPROVED:			Ву:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:				



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LICENSE NU	MBER: 063800024		CITY OR TOWN LYNN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: CHARLES SU NESS A 8 EASTERN AVE.	JLLIVAN		
CITY/TOWN		STATE: MA	ZIP CODE: 01902	
MANAGER:		TYPE OF LICENSE: Re		: All Alcohol
EMAIL ADDI	RESS:			
ONE FLOOR, I hereby certify 1. the 2. the	on OF LICENSED PRE TWO ROOMS, CELL by and swear under penal renewed license will be licensee has complied	AR FOR STORAGE alties of perjury that: e of the same type for the	e same premises now licensed; amonwealth relating to taxes; and	I
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004,	signed by the buildin	g inspector and the hea	ne certificate required by Chap ad of the fire department for th urance required by Chapter 11	e above
Please Check Bell APPROVED: DISAPPROVE (If disapproved)	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER	(:063800029		CI	IY OR TOW	IN LININ	
APPLICATION FOR	R RENEWAL:	Annu	al	LIC	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	HIBERNIAN BLD	G. CORP. OF	LYNN, IN	IC.		
DOING BUSINESS	A					
ADDRESS 97-105 F	EDERAL ST.& 47	MARION				
CITY/TOWN: LYN	IN	STATE:	MA	ZIP CODE:	01901	
MANAGER: O'NE	IL, JOHN F. TY	PE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:				
11 ROOMS ON FIRST STORAGE. PATIO		MS ON SECO	ND FLR;C	ELLAR ANI	O GARAGE FO	OR .
I hereby certify and s	wear under penalties	of perjury tha	t:			
1. the renew	ed license will be of	the same type	for the san	ne premises n	ow licensed;	
2. the license	ee has complied with	all laws of the	Common	wealth relatin	g to taxes; and	
3. the premis	ses are now open for	business (If no	t explain l	pelow)		
SIGNED BY	Individual, Partner	or Authorized	Corporate	e Officer		
DATE:	TELEPHON	E NUMBER:			YER IDENTIFICATION INDIVIDUAL SOCIAL SECTION S	
We the undersigned Acts of 2004, signed named license and of 2010.	by the building in	spector and th	e head of	the fire depa	artment for the	above
Please Check Below:			I	OCAL LICE	NSING AUTH	ORITY
APPROVED:			E	By:		
DISAPPROVED:	i					
(If disapproved expla	<i>)</i>		-			
			-			
DATE:						
ADDITION FOR DENEY	VAL MUST BE FILED BY L	ICENSEES DURING	THE MONT	H OF NOVEMBE	R (M G I Ch 138 \$ 1	6Δ)



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LICENSE NUMBER: 063800030		CITY OR TOWN LYNN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEA	R
LICENSEE NAME: FEDERAL ST	REET, CORP.		
DOING BUSINESS A LIDO CAFE	1		
ADDRESS 106-12 FEDERAL ST.			
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01905	
MANAGER: IRVING, JAMES H	TYPE OF LICENSE: Res	staurant CATEGORY: All	Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PRI	EMISES:		
FIRST FLOOR, 3 ROOMS, CELLA	R FOR STORAGE		
I hereby certify and swear under pena	alties of perjury that:		
1. the renewed license will b	e of the same type for the	same premises now licensed;	
2. the licensee has complied	with all laws of the Comr	nonwealth relating to taxes; and	
3. the premises are now open	n for business (If not expla	ain below)	
SIGNED BY			
Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION N	UMBER:
		(Note: NOT Individual Social Security	Number)
We the undergianed attest that we	o are in necession (1) th	o contificato noccuinad by Chanton 20	1 of the
		e certificate required by Chapter 30 I of the fire department for the abov	
named license and (2) the certifica	O 1	rance required by Chapter 116 of th	
of 2010.			
Please Check Below:		LOCAL LICENSING AUTHORIT	Y
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)		-	
DATE.			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)	



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LICENSE NUM	BER: 063800031		CITY OR	TOWN	LYNN	
APPLICATION	FOR RENEWAL:	Annual		LICENS	ED FOR 20	13
		CLASS	}		•	YEAR
DOING BUSINI	ME: KARSA, INC. ESS A HOGAN'S II 60 FRANKLIN ST.					
CITY/TOWN:		STATE:	MA ZIP CO	ODE:	01901	
	KARYDIS, ERNESTTYP				TEGORY:	All Alcohol
EMAIL ADDRE		BSITE AND ENTER YO	DUR EMAIL ADDRESS		TLGOK1.	All Alcohol
 the re the lie 	and swear under penalties on enewed license will be of the censee has complied with a remises are now open for b	he same type for all laws of the C	Commonwealth r			
SIGNED BY	Individual, Partner	or Authorized (Corporate Officer	r		
DATE:	TELEPHONE	E NUMBER:				ON NUMBER:
Acts of 2004, si	gned, attest that we are gned by the building insp and (2) the certificate of	pector and the	head of the fire	departm	ent for the	above
Please Check Below APPROVED: [DISAPPROVED (If disapproved e):		LOCAL By:	LICENSI	NG AUTHO	DRITY
DATE:						
APPLICATION FOR R	ENEWAL MUST BE FILED BY LIC	CENSEES DURING	THE MONTH OF NOV	EMBER (M.C	G.L. Ch. 138 \$ 16	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 063800032	(JIIY	JK TOWN	LINN	
APPLICATION	FOR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAI	ME: T.N. INC.					
DOING BUSIN	ESS A TONY'S PUB					
ADDRESS 196-	98 FRANKLIN ST.					
CITY/TOWN:	LYNN	STATE: MA	ZIP	CODE:	01901	
	NICOSIA, TY ANTHONY	YPE OF LICENSE: Resta	aurant	C	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AL ADDRI	ESS		_
	OF LICENSED PREM					
		LLAR FOR STORAGE				
•	and swear under penaltic					
		of the same type for the same	-			
	1	th all laws of the Common or business (If not explain		Ŭ	o taxes; and	
3. tile pi	remises are now open to	i business (ii not explan	ii below	v)		
SIGNED BY						
SIGNED D I	Individual, Partne	er or Authorized Corpora	ate Offi	icer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYER	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(N	ote: NOT Inc	dividual Social S	Security Number)
Acts of 2004, si	gned by the building i	re in possession (1) the onspector and the head of liquor liability insura	of the f	ire departi	ment for the	above
Please Check Below	<u>/:</u>		LOCA	AL LICENS	SING AUTH	ORITY
APPROVED: [By:			
DISAPPROVEI						
(If disapproved of	explain)					
DATE:						



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LICENSE NUMBER: 063	800034		CI	TY OR TOW	N LYNN	
APPLICATION FOR RE	NEWAL:	Annua	al	LICI	ENSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: LA DOING BUSINESS A ADDRESS 42 GREAT W		ION BUI	LDING A	SSOC. INC.		
CITY/TOWN: LYNN		TATE:	MA	ZIP CODE:	01901	
MANAGER: Fabrizio,				ZII CODE.	CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEAS	E ALSO VISIT OUR WEBSITE .			ADDRESS	CHILGORI.	
DESCRIPTION OF LICE 2ND FLOOR CLUBHOU						
2. the licensee ha	cense will be of the sa s complied with all la re now open for busin	me type t	for the san	wealth relatin		
SIGNED BY	lividual, Partner or Au	uthorized	Corporate	Officer		
DATE:	TELEPHONE NU	MBER:			YER IDENTIFICAT	
We the undersigned, att Acts of 2004, signed by named license and (2) th of 2010.	the building inspecto	or and th	e head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICE By:	NSING AUTHO	ORITY
DATE:			-			
APPLICATION FOR RENEWAL M	UST BE FILED BY LICENSE	EES DURING	- THE MONT	H OF NOVEMBER	R (M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063	800037		CITY OR TOWN	LYNN	
APPLICATION FOR REI	NEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: NO	RM AND DONNA IN	IC.			
DOING BUSINESS A FO	OUL PLAY SPORTS	BAR			
ADDRESS 155-59 LEWI	S ST.				
CITY/TOWN: LYNN	ST	ATE: MA	ZIP CODE:	01902	
MANAGER: CHENEY	, KEVIN S.TYPE OF	LICENSE: Rest	aurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICE ONE FLOOR, THREE AT I hereby certify and swear 1. the renewed lic 2. the licensee has 3. the premises ar SIGNED BY	ND A HALF ROOMS	. CELLAR FOI jury that: ne type for the s ws of the Comm ss (If not expla	R STORAGE same premises now onwealth relating to in below)		
DATE:	TELEPHONE NUM	MBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
We the undersigned, att Acts of 2004, signed by t named license and (2) th of 2010.	the building inspector	and the head	of the fire departs	nent for the	above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICENS By:	ING AUTHO	ORITY
(If disapproved explain)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 063800040		CITY OR TOWN	LYNN
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME				
DOING BUSINESS	S A JADE PACI	FICA		
ADDRESS 95-101	LYNNFIELD ST	Γ.		
CITY/TOWN: LY	NN	STATE: MA	ZIP CODE:	01904
MANAGER: HU.		TYPE OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF	F LICENSED PR	EMISES:		
		& KITCHEN CELLAR FO	OR STORA GE.	
• •	-	alties of perjury that:		
		be of the same type for the	•	
	-	I with all laws of the Comr on for business (If not explain	•	o taxes; and
3. the pren	nses are now ope	n for business (if not expir	in ociow)	
SIGNED BY				
SIGIVED DI	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signe	ed by the buildin	e are in possession (1) the earth of the hearth of liquor liability insu	l of the fire departi	
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:]		By:	
DISAPPROVED:				
(If disapproved exp	iain)			
DATE:				



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LICENSE NUMB	ER: 063800041		CITY OR TOWN	LYNN	
APPLICATION F	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAMI	E: VALLADOLI	D BUILDING ASSN. OF	LYNN MA., INC.		
DOING BUSINES	SS A				
ADDRESS 177 LY	YNNFIELD ST.				
CITY/TOWN: L	YNN	STATE: MA	ZIP CODE:	01904	
	ARCY, DRNELIUS J. JR.	TYPE OF LICENSE: Clul	b C	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION O	F LICENSED PRI	EMISES:			
TWO FLOORS; B STORAGE ROOM		OOM, STORAGE AREA OR	FIRST FLR BANG	QUET HALL	L, BAR,
I hereby certify and	d swear under pena	alties of perjury that:			
1. the rene	ewed license will b	e of the same type for the	same premises now	licensed;	
2. the lice	nsee has complied	with all laws of the Comm	nonwealth relating t	to taxes; and	
3. the prei	mises are now oper	n for business (If not expla	in below)		
SIGNED BY					
	Individual, Pa	rtner or Authorized Corpo	rate Officer		
DATE:	TELEPI	HONE NUMBER:			ΓΙΟΝ NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
Acts of 2004, sign	ned by the buildin	e are in possession (1) the ag inspector and the head te of liquor liability insu	of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	-1-:-)				
(If disapproved exp	pialli)				
DATE:					



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LICENSE NUM	IBER: 063800043	•	LITY OR TOWN LINN	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	ME: VOLUNTEER	YACHT CLUB		
DOING BUSIN	IESS A			
ADDRESS 68 I	LYNNWAY			
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01902	
MANAGER:	REARDON, EDWARD J.	ΓΥΡΕ OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
THREE ROOM	IS ON FIRST FLOOR	, TWO ROOMS ON SEC	OND FLR	
I hereby certify	and swear under penal	ties of perjury that:		
1. the r	enewed license will be	of the same type for the sa	ame premises now licensed;	
2. the la	icensee has complied v	with all laws of the Commo	onwealth relating to taxes; and	
3. the p	premises are now open	for business (If not explain	n below)	
SIGNED BY	Individual, Part	tner or Authorized Corpora	ate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Acts of 2004, s	igned by the building	inspector and the head o	certificate required by Chapt of the fire department for the ance required by Chapter 110	above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
	DENEWAL MOVE OF THE	W LIGHWAREA DAMAG WAR SAC	WITH OF NOVEMBER 24 CV CV CV CV	
APPLICATION FOR	KENEWAL MUST BE FILED I	SY LICENSEES DURING THE MOI	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	0A)



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LICENSE NUMBE	R: 063800044	(CITY OR TOWN	LYNN	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME DOING BUSINESS ADDRESS 86 LYN		UB, INC.			
CITY/TOWN: LY	NN	STATE: MA	ZIP CODE:	01901	
MANAGER: RIC	HARD, EMERY TYP	E OF LICENSE: Club	C	ATEGORY: All Alco	hol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF	F LICENSED PREMIS	ES:			
STREET FLOOR, OBUILDING	CELLAR FOR STOCK	K, REAR OPEN PORO	CH, REAR PATIC	ADJACENT TO	
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	wed license will be of the	he same type for the sa	ame premises now	licensed;	
2. the licen	see has complied with	all laws of the Commo	nwealth relating to	o taxes; and	
3. the prem	ises are now open for b	ousiness (If not explain	n below)		
SIGNED BY	Individual, Partner	or Authorized Corpora	nte Officer		
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION NUME lividual Social Security Num	
Acts of 2004, signe	ed by the building ins	pector and the head o	of the fire departi	ed by Chapter 304 of ment for the above Chapter 116 of the Ac	
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved exp	iaiii <i>)</i>				_
DATE:					=
APPLICATION FOR RENE	EWAL MUST BE FILED BY LIC	CENSEES DURING THE MO	NTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)	_



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LICENSE NUMBER: 063800045	C	CITY OR TOWN LYNN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LYNWAY ENT	ΓERPRISES, INC.	
DOING BUSINESS A PORTHOLE	PUB	
ADDRESS 98 LYNNWAY		
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01901
MANAGER: GAUDET, ROBERT C.	ΓΥΡΕ OF LICENSE: Resta	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS
DESCRIPTION OF LICENSED PRE		
ENTIRE PREMISES ON GROUND I OFFICES, FOUR RESTROOMS AN WITH 8 X 24 ROOFED CUPPOLA A	D THREE STORAGE RO	OMS AND KITCHEN, 24 X 40 DECK
I hereby certify and swear under penal	ties of perjury that:	
1. the renewed license will be	of the same type for the sa	ame premises now licensed;
2. the licensee has complied v	vith all laws of the Commo	onwealth relating to taxes; and
3. the premises are now open	for business (If not explain	n below)
SIGNED BY Individual, Part	tner or Authorized Corpora	ate Officer
DATE:	ONE NUMBER	EMPLOYER IDENTIFICATION NUMBER:
TELEPH	ONE NUMBER:	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	inspector and the head o	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUN	MBER: 063800053		CITY OR TOWN LYNN	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	ME: BRANDY BAR	REL PUB & GRILL IN	C	
DOING BUSIN	NESS A			
ADDRESS 37	MARKET ST.			
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER:	OHLSON, T WILLIAM J.	YPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PREM	AISES:		
ONE FLOOR, I				
• •	and swear under penalt			
		• •	same premises now licensed;	
	•		nonwealth relating to taxes; and	
3. the p	premises are now open i	For business (If not expla	in below)	
SIGNED BY	Individual, Parti	ner or Authorized Corpo	rate Officer	
	morridan, rare	er or rumorized corpo		
DATE:			EMPLOYER IDENTIFICA	TION NI IMPED:
DITIE.	TELEPHO	ONE NUMBER:	(Note: NOT Individual Social	
			e certificate required by Chap	
			of the fire department for the crance required by Chapter 11	
of 2010.	, ,	•		
Please Check Below	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:			Ву:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED B'	Y LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	16A)



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LICENSE NU	MBER: 063800058		CITY OR TOWN LYNN	
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: WING KUE	NG CORPORATION		
DOING BUSI	NESS A			
ADDRESS 00	6-10 MARKET ST.			
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER:	WONG, WING KUENG	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED P			
	VEL CONSISTING STORAGE IN CEL		ITCHEN, RESTROOMS, STO	ORAGE;
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; and	1
3. the	premises are now op	en for business (If not expla	in below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Chap l of the fire department for th rance required by Chapter 12	ie above
Please Check Belo	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiain)		_	
DATE:				



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LICENSE NUN	ABER: 063800059		CITY OR TOWN LINN	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	ME: PELICAN BEA	ACH PUB OF LYNN IN	C.	
DOING BUSIN	IESS A			
ADDRESS 874	-76 WASHINGTON S	STREET		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01901	
	WILSON, T KATHLEEN	ΓΥΡΕ OF LICENSE: Res	category:	All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	_
DESCRIPTION	OF LICENSED PRE	MISES:		
ONE STORY, I	NO CELLAR			
I hereby certify	and swear under penal	ties of perjury that:		
1. the r	enewed license will be	of the same type for the	same premises now licensed;	
2. the 1	icensee has complied v	vith all laws of the Comr	nonwealth relating to taxes; and	
3. the p	premises are now open	for business (If not expla	ain below)	
SIGNED BY DATE:		tner or Authorized Corpo	orate Officer EMPLOYER IDENTIFICA	TION NUMBER:
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, s	igned by the building	inspector and the head	e certificate required by Chapt I of the fire department for the rance required by Chapter 110	above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTH	ORITY
APPROVED:	 D		By:	
DISAPPROVE (If disapproved	·			
(11 disupproved	enpium)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED I	3Y LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 063800060	(CITY OR TOWN LYNN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 201	13
		CLASS	Y	/EAR
LICENSEE N	AME: ST. MICHAI	EL'S HOME ASSOCIATION	1	
DOING BUSI	NESS A			
ADDRESS 06	1-65 WEST NEPTU	NE ST		
CITY/TOWN	: LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER:	SOROKK, WACLAW	TYPE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
	N OF LICENSED PF			
	OOM, KITCHEN AN		NCE FLR, ETC, BASEMENT, FOR MEETINGS AND RELA	TED
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the s	ame premises now licensed;	
2. the	licensee has complied	d with all laws of the Commo	onwealth relating to taxes; and	
3. the	premises are now ope	en for business (If not explain	n below)	
SIGNED BY		artner or Authorized Corpor	ate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION	
			(Note: NOT Individual Social Sec	curity Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	certificate required by Chapter of the fire department for the a ance required by Chapter 116 o	bove
Please Check Bel	ow:		LOCAL LICENSING AUTHO	RITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	a explain)			
DATE:				



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LICENSE NUM	BER: 063800061		CITY OR TO	IWN LINN	
APPLICATION	FOR RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	ME: WILL.P.CONN	ERY JR. POST#6 AM	(.LEG.BLD.ASS	S.INC.	
DOING BUSINI	ESS A				
ADDRESS 157	NORTH COMMON	ST			
CITY/TOWN:	LYNN	STATE: MA	ZIP COD	E: 01901	
MANAGER: (CAHILL, JAMES 7	ΓΥΡΕ OF LICENSE: <mark>V</mark>	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PRE	MISES:			
	EN, SERVICE BAR C BASEMENT FLOOR	N FIRST FLOOR. BA	.R,LOUNGE GA	AME ROOM ANI)
I hereby certify a	and swear under penal	ties of perjury that:			
1. the re	enewed license will be	of the same type for the	ie same premises	s now licensed;	
2. the lie	censee has complied v	with all laws of the Con	nmonwealth rela	ting to taxes; and	
3. the pr	remises are now open	for business (If not exp	olain below)		
SIGNED BY	Individual, Part	ener or Authorized Corp	porate Officer		
DATE:	TELEPH	ONE NUMBER:		OYER IDENTIFICA	
Acts of 2004, si	gned by the building	are in possession (1) t s inspector and the he e of liquor liability ins	ad of the fire de	epartment for the	e above
Please Check Below	<u>:</u>		LOCAL LIG	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED (If disapproved e					
(11 disapproved e	Apiani)				
DATE:					
APPLICATION FOR R	ENEWAL MUST BE FILED I	BY LICENSEES DURING THE	MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 063800063		CITY OR TOWN	N LYNN	
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	J.M. & J.M. ENTER A SOMETHING IRE FORD ST.		FE		
CITY/TOWN: LY	NN	STATE: MA	ZIP CODE:	01901	
MANAGER: MES		E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		-
	LICENSED PREMIS				
	ONE FLOOR AND C		RAGE		
	swear under penalties			1 1.	
	ved license will be of the		=		
	see has complied with a sees are now open for b		=	; to taxes; and	
3. the premi	ises are now open for t	ousiliess (II liot ex	main below)		
SIGNED BY	Individual, Partner o	or Authorized Cor	porate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are id by the building insp (2) the certificate of l	pector and the he	ad of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	003800000		CH	IY OK TOW	VIN LININ	
APPLICATION FOR I	RENEWAL:	Annua	ıl	LIC	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: I DOING BUSINESS A ADDRESS 191 OXFO	THE BLUE OX	RESTAURAN	T GROUF	LLC		
CITY/TOWN: LYNN	ſ	STATE:	MA	ZIP CODE:	: 01901	
MANAGER: O'NEIL	L, MATT TY	PE OF LICENS	SE:Restaur	ant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL A	ADDRESS		
DESCRIPTION OF LI	CENSED PREMI	SES:				
ONE FLOOR, NO CEI	LLAR					
2. the licensee	ear under penalties license will be of has complied with s are now open for	the same type in all laws of the	or the sam	wealth relatir		
SIGNED BY	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	IE NUMBER:			YER IDENTIFICAT	
We the undersigned, Acts of 2004, signed to named license and (2) of 2010.	y the building in	spector and th	e head of	the fire dep	artment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]			OCAL LICE y:	ENSING AUTH	ORITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 063800067		CITY OR	IOWN	LINN	
APPLICATIO	N FOR RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE N.	AME: KASTRIOT.,II	NC.				
DOING BUSI	NESS A BLUE NOTE					
ADDRESS 11	1-13 SAGAMORE ST					
CITY/TOWN:	LYNN	STATE: MA	ZIP C	ODE:	01901	
MANAGER:	Subero, Rafael Eduardo	TYPE OF LICENSE: Res	taurant	C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	IAIL ADDRESS			_
	N OF LICENSED PRE					
		RST FLOOR, CELLAR	FOR STOP	RAGE		
	y and swear under pena	1 0 0				
		e of the same type for the	•			
	*	with all laws of the Comn		elating t	o taxes; and	
3. tile	premises are now open	for business (If not expla	iii below)			
SIGNED BY						
SIGNED DI	Individual, Par	tner or Authorized Corpo	rate Office	r		
DATE:	TELEPH	ONE NUMBER:	E	MPLOYE	R IDENTIFICAT	TON NUMBER:
			(Note	: <u>NOT</u> Inc	dividual Social S	Security Number)
Acts of 2004,	signed by the building	are in possession (1) the g inspector and the head e of liquor liability insu	of the fire	e depart	ment for the	above
Please Check Bel	ow:		LOCAL	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVI						
(If disapproved	a explain)					
DATE:						
						



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LICENSE NUMB	EK: 063800069		CITY OR I	OWN	LINN	
APPLICATION F	OR RENEWAL:	Annual	I	LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAM	E: WEST LYNN	ITALIAN CIVIC ASS	OCIATION			
DOING BUSINES	SS A					
ADDRESS 51 SP	ENCER ST.					
CITY/TOWN: L	YNN	STATE: MA	ZIP CO	DE:	01905	
	INCHELLA, ELLO	TYPE OF LICENSE:	Club	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:			-		
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION C	OF LICENSED PRI	EMISES:				
TWO FLOORS, O	ONE ROOM ON E.	ACH FLOOR				
• •	-	alties of perjury that:				
		e of the same type for t	-			
		with all laws of the Co		lating t	to taxes; and	
3. the pre	mises are now oper	n for business (If not ex	plain below)			
SIGNED BY	Individual, Pa	rtner or Authorized Cor	porate Officer			
DATE:	TEI EDI	HONE NUMBER:	EMI	PLOYEI	R IDENTIFICA	TION NUMBER:
	IELEFI	TONE NUMBER.				Security Number)
Acts of 2004, sig	ned by the buildin	e are in possession (1) g inspector and the ho te of liquor liability in	ead of the fire o	depart	ment for the	e above
Please Check Below:			LOCAL L	ICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved ex						
(11 disappioved ex	piani)					<u>—</u>
DATE:						
APPLICATION FOR RE	NEWAL MUST BE FILED	BY LICENSEES DURING THE	E MONTH OF NOVE	MBER (N	И.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 063800072		CITY	JK IUWN LINN	
APPLICATION F	OR RENEWAL:	Annual		LICENSED FOR	R 2013
		CLASS			YEAR
LICENSEE NAM	E: LO NUESTRO	CAFÉ INC.			
DOING BUSINES	SS A LO NUESTR	O CAFÉ			
ADDRESS 54 ST	ATE ST.				
CITY/TOWN: L	YNN	STATE: MA	ZIF	P CODE: 01901	
	EDANO, ILCIADES	ΓΥΡΕ OF LICENSE: Re	estaurant	CATEGOR	RY: All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR I	EMAIL ADDR	ESS	
	OF LICENSED PRE	MISES:			
ONE FLOOR, NO					
•	d swear under pena				
		e of the same type for the	•		
	•	with all laws of the Com		•	nd
3. the pre	mises are now open	for business (If not exp	lain belov	w)	
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Off	icer	
DATE:	ТЕІ ЕРН	ONE NUMBER:	L	EMPLOYER IDENTIFI	CATION NUMBER:
	1 EEE 11	ONE WONDER.	(N	Note: NOT Individual Soc	cial Security Number)
Acts of 2004, sig	ned by the building	are in possession (1) the graph inspector and the hear of liquor liability instance.	d of the	fire department for	the above
Please Check Below:			LOC	AL LICENSING AU	THORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	aplain)				·
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063800076		CITY OR TOWN	LYNN	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	STANLEY STRUM	ISKAS			
DOING BUSINESS	A 595 CAFE				
ADDRESS 597 SUN	MMER ST.				
CITY/TOWN: LYN	NN	STATE: MA	ZIP CODE:	01905	
MANAGER:	TYP	E OF LICENSE: Res	taurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
ONE ROOM ON FILE I hereby certify and s 1. the renew 2. the licens	PLEASE ALSO VISIT OUR WE LICENSED PREMIS RST FLOOR, CELLA swear under penalties red license will be of the ee has complied with ses are now open for Individual, Partner	ES: AR FOR STORAGE of perjury that: he same type for the all laws of the Comm	same premises now nonwealth relating t iin below)		
DATE:	TELEPHONI	E NUMBER:	EMPLOYEI (Note: <u>NOT</u> Inc	R IDENTIFICAT dividual Social So	
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	pector and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain.]	nin)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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LICENSE NUME	3EK: 0638000//		CITY OR TOWN L	LININ
APPLICATION I	FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: WHITE EAC	GLE CAFE, INC. OF LY	'NN, THE	
DOING BUSINE	SS A			
ADDRESS 612 S	UMMER ST.			
CITY/TOWN: L	YNN	STATE: MA	A ZIP CODE:	01905
	STROWSKI, HOMAS J.	TYPE OF LICENSE:	Restaurant CAT	EGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION O	OF LICENSED PI	REMISES:		
FIRST FLOOR, O	CELLAR FOR ST	ORAGE		
I hereby certify an	nd swear under pe	nalties of perjury that:		
1. the rer	newed license will	be of the same type for t	he same premises now lic	ensed;
2. the lice	ensee has complie	d with all laws of the Co	mmonwealth relating to ta	axes; and
3. the pre	emises are now op	en for business (If not ex	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Co	rporate Officer	
DATE:	TELE	PHONE NUMBER:		ENTIFICATION NUMBER: dual Social Security Number)
Acts of 2004, sig	ned by the build	ing inspector and the h	the certificate required ead of the fire departme surance required by Ch	nt for the above
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved ex	xplain)			
DATE:				
APPLICATION FOR RE	ENEWAL MUST BE FILI	ED BY LICENSEES DURING TH	E MONTH OF NOVEMBER (M.G.I	L. Ch. 138 \$ 16A)



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LICENSE NU	MBER: 063800079		CITY OR TOWN LYNN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N.	AME: SPAIN & CUBA	CORPORATION		
DOING BUSI	NESS A RINCON CRIC	OLLO-MADRID, SPAI	N RESTAURANT	
ADDRESS 15	UNION ST.			
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01902	
MANAGER:	PAGAN-DE LA ROSA, PASCUAL	YPE OF LICENSE: Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	IISES:		
FIRST FLOOI	R, NO CELLAR			
I hereby certify	y and swear under penalti	es of perjury that:		
1. the	renewed license will be o	of the same type for the	same premises now licensed;	
2. the	licensee has complied wi	th all laws of the Com	nonwealth relating to taxes; and	
3. the	premises are now open for	or business (If not expl	ain below)	
SIGNED BY	Individual, Partn	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004,	signed by the building i	inspector and the head	e certificate required by Chap d of the fire department for the trance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY	Y LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NU	MBER: 063800082		CITY OR TOWN LYNN	
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE N	AME: DAI GUO I	ENTERPRISES INC.		
DOING BUSI	NESS A CHARLIE	CHAN'S		
ADDRESS 17	0 UNION ST SU	TE 101		
CITY/TOWN	: LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER:	GUO, MING HUANG	TYPE OF LICENSE:R	estaurant CATEGOI	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED F	'REMISES:		
FIRST FLOOI	R, ONE ROOM AN	D KITCHEN		
I hereby certify	y and swear under po	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	ne same premises now licensed	;
2. the	licensee has compli	ed with all laws of the Con	nmonwealth relating to taxes; a	and
3. the	premises are now of	pen for business (If not exp	plain below)	
SIGNED BY	Individual,	Partner or Authorized Cor	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004,	signed by the build	ding inspector and the he	he certificate required by Ch ad of the fire department for surance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FII	LED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 13	38 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 063800085	•		RIOWN	LINN	
APPLICATION F	OR RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAM	E: PERSEPHONE FOO	OD CORP.				
DOING BUSINES	SS A CARUSO'S PIZZA	A				
ADDRESS 235 U	NION ST.					
CITY/TOWN: L	YNN	STATE: MA	ZIP	CODE:	01901	
MANAGER: M. KI	AHMOOD, TYPI HALID	E OF LICENSE: Resta	aurant	(CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OUR WEE		IL ADDRE	SS		
	OF LICENSED PREMISI					
	D BASEMENT FOR ST					
•	d swear under penalties of the wed license will be of the			micas no	u liaanaad:	
	ensee has complied with a	• •	-			
	mises are now open for b			_	to taxes, and	
		· -				
SIGNED BY						
	Individual, Partner	or Authorized Corpora	ate Offi	cer		
DATE:	TELEPHONE	E NUMBER:	(No		ER IDENTIFICAT	
			(140	ne. <u>NOI</u> 1	ndividual Social S	security Number)
Acts of 2004, sign	ned, attest that we are ined by the building inspind (2) the certificate of l	pector and the head	of the fi	ire depar	tment for the	above
Please Check Below:			LOCA	L LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved ex	piam)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063800090		CITY OR TOWN LINN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: LYNN FENIX, INC	C.	
DOING BUSINESS A CRONIN'S CAFE		
ADDRESS 517-19 WASHINGTON ST.		
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01901
MANAGER: ECHAVARRIA, TYP. JARISSIE Y.	E OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
GROUND FLOOR, CELLAR FOR STOR		
I hereby certify and swear under penalties		
 the renewed license will be of the complex of the licensee has complied with 	• •	•
3. the premises are now open for b		· ·
	\ 1	,
SIGNED BY		
Individual, Partner	or Authorized Corpor	rate Officer
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	pector and the head	e certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063800091		CITY OR TOWN LINN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BRAVA NIGHTO DOING BUSINESS A BRAVA NIGHTO ADDRESS 130 UNION STREET		
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01901
	PE OF LICENSE: Rest	
EMAIL ADDRESS:		
	EBSITE AND ENTER YOUR EM.	AIL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
130 UNION STREET, GROUND FLOO		ORAGE.
I hereby certify and swear under penalties		
1. the renewed license will be of	• •	•
2. the licensee has complied with		
3. the premises are now open for	business (If not explain	in below)
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer
DATE: TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building in	spector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(п акарртотов скрині)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 063800093		CITY OR TOWN	LYNN
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: FRAN'S PLACE I	NC.		
DOING BUSIN	NESS A			
ADDRESS 746	5-76 WASHINGTON ST.			
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE:	01901
MANAGER:	COLLINS, JOHN M.TY	PE OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
-	N OF LICENSED PREMI			
	O KITCHEN ON FIRST I OND FLOOR, CELLAR I		AL LOUNGE AREA	AND FUNCTIONS
I hereby certify	and swear under penaltie	s of perjury that:		
1. the 1	renewed license will be of	the same type for the	same premises now	licensed;
2. the l	licensee has complied with	h all laws of the Comn	nonwealth relating to	taxes; and
3. the p	premises are now open for	business (If not expla	nin below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004, s	signed, attest that we are signed by the building in and (2) the certificate o	spector and the head	of the fire departr	
Please Check Belo	<u>w:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
D.A.TE				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063800094		CITY OR TOWN	I LYNN	
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICE	NSED FOR 20	O13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 738-42 V	A CELLY'S PUB &				- Z- II.
CITY/TOWN: LYN	NN	STATE: MA	ZIP CODE:	01901	
MANAGER: CEL R.	LEY JR, NEAL TYP	E OF LICENSE:Re	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
FIVE ROOMS AND I hereby certify and s 1. the renew 2. the licens	LICENSED PREMIS KITCHEN ON FIRST Swear under penalties red license will be of the tree has complied with ses are now open for	of perjury that: the same type for the all laws of the Communication.	same premises now	w licensed;	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	pector and the hea	d of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063800095		CITY OR TOWN LYNN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: FRANCO A	MERICAN AMVETS POST	Г #161 CLUB, INC.	
DOING BUSINESS A			
ADDRESS 535 WESTERN AVE.			
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01904	
MANAGER: BABINEAU JR, RAYMOND J.	TYPE OF LICENSE: Vet	erans club CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED P			
CLUB, READING ROOM, RECE FLOOR HALL	PTION ROOM,STORAGE	ROOMS ON ONE FLOOR. SECOND	
I hereby certify and swear under pe	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now licensed;	
2. the licensee has complied	ed with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now op	en for business (If not expla	in below)	
SIGNED BY			
Individual, I	Partner or Authorized Corpo	rate Officer	
]
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the build	ing inspector and the head	e certificate required by Chapter 304 of the d of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 063800101		CITY OR TO	WN LYNN	
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	T.G.PUB, INC				
DOING BUSINESS A	A PLAYER'S SPOR	TS BAR			
ADDRESS 854-58 W	ESTERN AVE.				
CITY/TOWN: LYN	N	STATE: MA	ZIP CODE	E: 01905	
MANAGER: VERV LEST	/	E OF LICENSE: Re	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	ES:			
FIRST FLOOR, CEL	LAR FOR STORAG	E, REAR DOOR F	OR ENTRANCI	ES	
2. the license	ed license will be of the has complied with the are now open for the	all laws of the Com	monwealth relati		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		OYER IDENTIFICA $f T$ Individual Social	
We the undersigned Acts of 2004, signed named license and (2010.	by the building ins	pector and the hea	d of the fire dep	partment for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LIC By:	ENSING AUTH	HORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 063800102		CITY OR TOWN LYNN	
APPLICATION	N FOR RENEWAL:	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: KUZKO,IN	C.		
DOING BUSIN	NESS A CAFÉ EL I	MOLINO		
ADDRESS 937	7-39 WESTERN AV	VE.		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER:	CONCEPTION, SERGIO	TYPE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED P			
	ON FIRST FLOOF ND OTHER HALF		HEN, CELLAR FOR STORA	GE. ROOM
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the 1	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; and	d
3. the j	premises are now or	en for business (If not expla	in below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	d Security Number)
Acts of 2004,	signed by the build	ling inspector and the head	e certificate required by Cha l of the fire department for the rance required by Chapter 1	he above
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	l explain)			
DATE:			-	<u></u>



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	63800107		CI	ΓY OR TOWN	LYNN	
APPLICATION FOR R	ENEWAL:	Annua	al LICENSED FOR 2013)13
		CLAS	SS			YEAR
LICENSEE NAME: N DOING BUSINESS A	KIPPY'S NORTH		NC.			
ADDRESS 90 BOSTO	N ST					
CITY/TOWN: LYNN		STATE:	MA	ZIP CODE:	01904	
MANAGER: NGUYE ANDRE		E OF LICENS	SE:Packag	e Store C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LIC	CENSED PREMIS	ES:				
ONE FLOOR, NO CEL	LAR					
2. the licensee l	license will be of the has complied with a are now open for b	all laws of the	Commons	wealth relating t		
Ι	ndividual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	E NUMBER:			R IDENTIFICAT dividual Social S	TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICENS	SING AUTHO	ORITY
DATE:			=			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 063800108		CITY OR TOWN LINE	N
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 524		OS INC		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 0190	5
MANAGER:	LOOMOS, ARTHUR C	TYPE OF LICENSE:Pa	ackage Store CATEGO	ORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OF	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	EMISES:		
STREET FLOO	OR, REAR ENTRANC	CE FOR FREIGHT ON	LY. CELLAR FOR STORAG	GE
	premises are now open	ther or Authorized Corp		and
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER:
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING A By:	UTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 063800109		CITY OR TOW	N LINN	
APPLICATION FOR	R RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 825 BOS	A	R MART INC			
CITY/TOWN: LYN	NN	STATE: MA	ZIP CODE:	01905	
MANAGER: LEN	G, KEVIN L.	ГҮРЕ OF LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
ONE ENTRANCE OR REAR ROOMS FOR		ONE ENTRANCE ON	HAMILTON ST	. FIRST FLOOF	R ONLY.
2. the licens	ee has complied veses are now open	of the same type for the with all laws of the Comr for business (If not explant the composition of the Corporate the control of the composition of the corporate the control of the corporate the corp	nonwealth relatin ain below)		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT Individual Social Soc	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 063800110		CITY OR TOWN	LYNN	
APPLICATIO	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2		
		CLASS		YE	AR
DOING BUSIN	AME: BROOKSIDE NESS A BOSTON STREET	E LIQUOR CO,INC			
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE:	01904	
MANAGER:	MCGOVERN, THOMAS A SR	TYPE OF LICENSE: Pa	ackage Store CA	TEGORY: Al	ll Alcohol
EMAIL ADDR	RESS:				
DESCRIPTION	PLEASE ALSO VISIT N OF LICENSED PR	OUR WEBSITE AND ENTER YOUR I EMISES:	EMAIL ADDRESS		
ONE FLOOR,	NO CELLAR				
	premises are now ope	I with all laws of the Comen for business (If not expense)	lain below)	taxes; and	
	,	·			
DATE:	TELEP	HONE NUMBER:		IDENTIFICATION vidual Social Secur	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSE By:	NG AUTHORI	TY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 063800112		CI	TY OR TOWN	LYNN	
APPLICATION	FOR RENEWAL:	Annu	ıal	LICEN	SED FOR 20)13
		CLA	SS			YEAR
LICENSEE NAI	ME: SHANKAR CORPO	RATION				
DOING BUSIN	ESS A RAMANBHATI K.	PATEL				
ADDRESS 780	WASHINGTON STREET					
CITY/TOWN:	LYNN	STATE:	MA	ZIP CODE:	01901	
MANAGER: I	DAVIS, COLLEEN TYPE	OF LICEN	SE:Packag	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	ADDRESS		
	OF LICENSED PREMISE	S:				
ONE STORY, N						
-	and swear under penalties of					
	enewed license will be of the					
	censee has complied with a				o taxes; and	
3. the pr	remises are now open for bu	isiness (If n	ot explain l	below)		
SIGNED BY	Individual, Partner or	r Authorized	d Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER	IDENTIFICAT	ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below	<u>v.</u>		Ī	LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			F	By:		
DISAPPROVEI	D:					
(If disapproved e	explain)		-			<u></u>
			=			
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 063800113		CITY OR TOW	N LYNN	
APPLICATION	N FOR RENEWAL:	Annua	al LICE	NSED FOR 20	013
		CLAS	S		YEAR
	AME: WYOMA LIQ NESS A NEWHALL'		RE		
ADDRESS 336	5 BROADWAY				
CITY/TOWN:	LYNN	STATE:	MA ZIP CODE:	01901	
MANAGER:	KENNISON, CYNTHIA	TYPE OF LICENS	SE:Package Store	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PR	EMISES:			
SIDE ENTRAI	NCE TO BASEMENT	Γ, THREE ROOMS	ON FIRST FLOOR CE	LLAR FOR ST	ORAGE
I hereby certify	and swear under pena	alties of perjury that	• •		
1. the	renewed license will b	e of the same type f	for the same premises no	w licensed;	
2. the 1	licensee has complied	with all laws of the	Commonwealth relating	g to taxes; and	
3. the 1	premises are now ope	n for business (If no	t explain below)		
SIGNED BY	Individual, Pa	urtner or Authorized	Corporate Officer		
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT Individual Social S	
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICEN By:	NSING AUTHO	DRITY
(If disapproved					
. 11	* /				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 063800114		CITY OR TOWN LY	YNN
APPLICATION	N FOR RENEWAL:	Annual	LICENSEL	O FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: K&N LIQUORS, IN	IC		
DOING BUSIN	NESS A MIKE'S LIQUOR	S		
ADDRESS 000	002A ADAMS STREET EX	ζT.		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 0	1901
MANAGER:	KINSLIEH, SALIM TYP	E OF LICENSE: Pac	kage Store CATE	EGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WE		IAIL ADDRESS	
	N OF LICENSED PREMIS			
	OR EACH SALES AND S'		LL ROOM. NO BASE	MENT.
•	and swear under penalties or the and swear under penalties of the same and sam		same premises now lice	ensed:
	licensee has complied with	· =	=	
	premises are now open for b		•	,
SIGNED BY				
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:				
DATE.	TELEPHONE	E NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
				an Social Security Planteer,
Please Check Belo	ow:		LOCAL LICENSING	G AUTHORITY
APPROVED: DISAPPROVE			By:	
(If disapproved				
· FF	. /			
DATE:				
			-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063800115		C	CITY OR TOWN	LYNN	
APPLICATION FOR	R RENEWAL:	Annu	ıal	LICE	NSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:	K & H WINE	& SPIRITS, INC.				
DOING BUSINESS	A CHESTNU	ΓLIQUORS				
ADDRESS 348 CHE	ESTNUT ST					
CITY/TOWN: LYN	IN	STATE:	MA	ZIP CODE:	01901	
MANAGER: HAN	N, KONG	TYPE OF LICEN	SE:Packa	ige Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
2. the license	wear under pen ed license will ee has complied	D CELLAR FOR S	nt: for the sa e Commo	me premises nov		
SIGNED BY	Individual, Pa	artner or Authorized	l Corpora	te Officer		
DATE:	TELEP	HONE NUMBER:				FION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)			LOCAL LICEN By:	SING AUTH	ORITY
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06	3800116		CITY	OR TOWN	LYNN	
APPLICATION FOR RE	ENEWAL:	Annua	าไ	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: LY	'NN E-Z FOOI	D MART, INC.				
DOING BUSINESS A						
ADDRESS 451 CHESTN	NUT ST					
CITY/TOWN: LYNN		STATE:	MA ZI	P CODE:	01901	
MANAGER: PATEL,	RAJESH TY	YPE OF LICENS	SE:Package St	core C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL ADDI	RESS		_
DESCRIPTION OF LICE	ENSED PREM	ISES:				
ONE FLOOR, THREE R FREIGHT	OOMS. CELL	AR FOR STOR	AGE AND RE	EAR ENTR	ANCE FOR	
2. the licensee ha 3. the premises a SIGNED BY	re now open fo		t explain belo	w)	to taxes; and	
	•		•			
DATE:	TELEPHO	NE NUMBER:	(I			TON NUMBER: ecurity Number)
Please Check Below: APPROVED:				AL LICEN	SING AUTHO	ORITY
DISAPPROVED:			By:			
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06380011	7	CITY OR TOWN LYN	NN
APPLICATION FOR RENEWA	L: Annual	LICENSED I	FOR 2013
	CLASS		YEAR
LICENSEE NAME: Karuna			
DOING BUSINESS A MC HEA	ALD LIQUORS		
ADDRESS 006-12 COMMERC	IAL ST		
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 019	905
MANAGER: KE, ALISHA	TYPE OF LICENSE: Pa	ackage Store CATEC	GORY: All Alcohol
EMAIL ADDRESS:			
2. the licensee has comp	IRST FLOOR, CELLAR FO	e same premises now licens	
SIGNED BY Individual	l, Partner or Authorized Corp	oorate Officer	
DATE: TEL	LEPHONE NUMBER:		TIFICATION NUMBER: I Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 063800118		CITY OR TOWN	LINN	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
	AME: TAIAB COP NESS A EASTERN				
ADDRESS 12	1 EASTERN AVE				
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE:	01902	
MANAGER:	CHOWDHURY, REZBUL	TYPE OF LICENSE:P	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:]
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED P	REMISES:			
ONE FLOOR	FOR SALE AND ST	TORAGE, NO CELLAR			
	premises are now op	ed with all laws of the Corpen for business (If not expenses) Partner or Authorized Cor	plain below)	to taxes; and	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICAT	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 063800119		CITY OR TOWN LINN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	AME: CHOWDHU NESS A CONVENI			
ADDRESS 57	0 WESTERN AVE.			
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER:	SAHAB UDDIN CHOWDHURY	TYPE OF LICENSE: P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDE	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P AND STORAGE C			
2. the	licensee has complie premises are now op			
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063800120)	CITY OR TOWN LYNN	
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOI	R 2013
	CLASS		YEAR
LICENSEE NAME: JST CORP			
DOING BUSINESS A DEBRO	LIQUORS		
ADDRESS 649 EASTERN AVE			
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER: TAI, JAMES	TYPE OF LICENSE: Pa	ackage Store CATEGOR	RY: All Alcohol
EMAIL ADDRESS:			
ONE FLOOR, ONE ROOM, NO I hereby certify and swear under p 1. the renewed license wi 2. the licensee has complete.	CELLAR penalties of perjury that: ill be of the same type for the	ne same premises now licensed nmonwealth relating to taxes; a	
SIGNED BY Individual,	, Partner or Authorized Corp	porate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Society)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	THORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	05800121		CITY OR TOWN LINN	
APPLICATION FOR F	RENEWAL:	Annual	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NAME: N	MEGA LIQUOR II,	INC		
DOING BUSINESS A	SULLIVAN'S LIQ	UOR		
ADDRESS 196 ESSEX	K ST			
CITY/TOWN: LYNN		STATE: MA	ZIP CODE: 01901	
MANAGER: LENG,	KEVINN L. TYPI	E OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:	-			
PLI	EASE ALSO VISIT OUR WEF	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISI	ES:		
ONE FLOOR, TWO R	OOMS, ONE FOR	SALES,ONE FOR S	STORAGE	
I hereby certify and swe	ear under penalties of	of perjury that:		
1. the renewed	license will be of the	ne same type for the	same premises now licensed;	
2. the licensee	has complied with a	all laws of the Comn	nonwealth relating to taxes; and	
3. the premises	are now open for b	ousiness (If not expla	in below)	
SIGNED BY				
]	Individual, Partner of	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
			(Note: NOT Individual Social S	security Number)
Please Check Below:			LOCAL LICENSING AUTHO	ORITY
APPROVED:			By:	
DISAPPROVED:			•	
(If disapproved explain)			
DATE:				
DATE.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063800122		Cl	TY OR TO	WN LYNN	
APPLICATION FOR I	RENEWAL:	Annu	al	LIC	CENSED FOR 2	2013
		CLAS	SS			YEAR
LICENSEE NAME:	OTAJAS,INC.					
DOING BUSINESS A	CENTRO LIQUOR	S				
ADDRESS 395 ESSEX	X ST					
CITY/TOWN: LYNN	1	STATE:	MA	ZIP CODE	E: 01901	
MANAGER: EGBE,	ATASOWIE TYPE	OF LICEN	SE:Packaş	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	S:				
FRONT, SIDE AND RESECOND FLOOR FOR		STORAGE	ON FIRS	T FLOOR F	IVE ROOMS O	N
I hereby certify and sw	ear under penalties of	f perjury tha	ıt:			
1. the renewed	l license will be of the	e same type	for the sar	ne premises	now licensed;	
2. the licensee	has complied with al	l laws of the	e Common	wealth relati	ing to taxes; and	
3. the premise	s are now open for bu	isiness (If no	ot explain	below)		
SIGNED BY						
	Individual, Partner or	Authorized	l Corporat	e Officer		
DATE:	TELEPHONE :	NUMBER:			OYER IDENTIFICA	
				(Note: NO	I Individual Social	Security Number)
Please Check Below:]	LOCAL LIC	ENSING AUTH	IORITY
APPROVED:	٦]	Ву:		
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063800124		CITY OR TO	OWN LYNN	
APPLICATION FOR	R RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
DOING BUSINESS	A	RKET,INCORPORATE	ED		
ADDRESS 61 FRAN					
CITY/TOWN: LYN	IN	STATE: MA	ZIP COD	DE: 01901	
MANAGER: DIXO	ON, JOHN J.	TYPE OF LICENSE:P	ackage Store	CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
REAR ENTRANCE STOCK	FOR DELIVERI	ES. STORE ON GRO	JND FLOOR A	ND CELLAR F	OR
2. the license	ed license will be ee has complied v	Ities of perjury that: e of the same type for the with all laws of the Confor business (If not exp	nmonwealth rela		nd
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer		
DATE:	TELEPH	ONE NUMBER:			CATION NUMBER: al Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	iin)		LOCAL LIG	CENSING AUT	THORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063	800125	(CITY OR TOWN	LYNN	
APPLICATION FOR REM	NEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: HN	P INC.				
DOING BUSINESS A LU	JCKY'S LIQUOR				
ADDRESS 169-71 LEWIS	SST				
CITY/TOWN: LYNN	STA	TE: MA	ZIP CODE:	01901	
MANAGER: CHEA, HO	OUMENG TYPE OF LI	CENSE: Pack	age Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICED TWO ROOMS ON FIRST I hereby certify and swear 1. the renewed lice	FLOOR, CELLAR AN	ID GARAGE In the same structure of the same	FOR STORAGE		
SIGNED BY	e now open for business				
DATE:	TELEPHONE NUMI	3ER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063800126		CITY OR TOWN	LYNN	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	ASARAM INC				
DOING BUSINESS	A SHOP KWIK SUF	ERETTE			
ADDRESS 534 LYN	NNFIELD ST				
CITY/TOWN: LYN	NN	STATE: MA	ZIP CODE:	01904	
MANAGER: PAT	EL, MANJULA TYP	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI		IAIL ADDRESS		
	LICENSED PREMIS				
	LLAR FOR STORAG				
• •	swear under penalties or the dicense will be of the dicense will be dicense will be dicense will be dicense.		cama pramicae now	licensed:	
	ee has complied with a		_		
	ses are now open for b		_	o tarres, arre	
SIGNED BY					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:		DENTIFICAT	
			(Note: NOT Ind	ividual Social So	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	1111 <i>)</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063800127 CITY OR TOWN LYNN	
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013	
CLASS YEA	.R
LICENSEE NAME: LYNNWAY LIQUOR MART,INC. DOING BUSINESS A ADDRESS 702 LYNNWAY	
CITY/TOWN: LYNN STATE: MA ZIP CODE: 01905	
MANAGER: FAZIO ANSARA, TYPE OF LICENSE:Package Store CATEGORY: All MARGARET A.	Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
TWO ROOMS ON FIRST FLOOR, FRONT FOR SALES, BACK FOR STORAGE	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
3. the premises are now open for business (If not explain below)	
SIGNED BY	
Individual, Partner or Authorized Corporate Officer	
DATE: TELEBLIQUE NUMBER. EMPLOYER IDENTIFICATION N	
TELEPHONE NUMBER:	
(Note: NOT Individual Social Securit	y Number)
Please Check Below: LOCAL LICENSING AUTHORIT	Ϋ́
APPROVED: By:	
DISAPPROVED:	
(TC 1: 1 1 :)	
(If disapproved explain)	
(If disapproved explain)	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	063800128		CITY OR TOWN	LINN	
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 0003-5 M	A	RE BEVERAGE CO.	INC		
CITY/TOWN: LYN	N	STATE: MA	ZIP CODE:	01905	
MANAGER: STEV R.	ENS, MARK TY	PE OF LICENSE: Pac	ekage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
	es are now open for	n all laws of the Comi business (If not explor	ain below)	to taxes; and	
DATE:	TELEPHON	NE NUMBER:			ΓΙΟΝ NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063800129		Cľ	ΓΥ OR TOWN	LYNN	
APPLICATION FOR I	RENEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: J DOING BUSINESS A		IVENIENCE S'	ГORE			
ADDRESS 182 MYRT	CLE ST					
CITY/TOWN: LYNN	ſ	STATE:	MA	ZIP CODE:	01905	
MANAGER: PEREZ	, EFRES N. TYI	PE OF LICENS	E:Packag	e Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
2. the licensee	NG WITH ATTA	CHED SHED As of perjury that the same type for all laws of the	or the sam	ne premises nov	w licensed;	
SIGNED BY	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:			ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]			OCAL LICEN Sy:	SING AUTH	ORITY
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 063800130		CITY OR TOWN LIN	IN .
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
DOING BUSI		OMINGO LIQUORS		
	6-88 NEWHALL ST			
CITY/TOWN:	LYNN	STATE: MA		01
MANAGER:	FERNANDEZ, OMAR	TYPE OF LICENSE: Pa	ackage Store CATEGO	ORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PI R, CELLAR FOR ST			
	premises are now op	ed with all laws of the Content for business (If not expenses of the Content for business).		; and
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENT (Note: <u>NOT</u> Individual S	IFICATION NUMBER: Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING A By:	UTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0638001	31	CITY OR TOWN LINN	
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: EAST C	OAST WINE CO. INC.		
DOING BUSINESS A STATE	E STREET LIQUORS		
ADDRESS 44 STATE ST			
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER: SHUB, IGOR	TYPE OF LICENSE:P	ackage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
TWO ROOMS ON FIRST FLO	OOR, CELLAR FOR STORA	GE	
I hereby certify and swear unde	r penalties of perjury that:		
	· -	e same premises now licensed;	
2. the licensee has com	uplied with all laws of the Con	nmonwealth relating to taxes; and	
3. the premises are nov	w open for business (If not exp	plain below)	
SIGNED BY			
Individu	al, Partner or Authorized Corp	oorate Officer	
DATE: TE	ELEPHONE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
		(Note: NOT Individual Social S	Security Number)
Please Check Below:		LOCAL LICENSING AUTH	ODITV
APPROVED:		By:	OKITI
DISAPPROVED:		2,.	
(If disapproved explain)			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:063800132		CITY OR TOWN	LYNN	
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 108 WES	A WESTERN AV				
CITY/TOWN: LYN		STATE:	MA ZIP CODE:	01905	
MANAGER: DANG		YPE OF LICENSE	E:Package Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
2. the license	AR FOR STORA wear under penalted d license will be of e has complied w	AGE FRONT AND ies of perjury that: of the same type fo	r the same premises now Commonwealth relating t		
SIGNED BY	Individual, Partr	ner or Authorized C	Corporate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:			· <u>·</u>		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 063800133		CITY	Y OR TOWN	LYNN	
APPLICATION I	FOR RENEWAL:	Annua	.1	LICEN	SED FOR 20	13
		CLAS	S			YEAR
DOING BUSINE		QUOR AND FOOD	MARKET			
ADDRESS 53 UI	NION ST					
CITY/TOWN: I	ZYNN	STATE:	MA Z	ZIP CODE:	01902	
	GUYEN, LOI AN	TYPE OF LICENS	E:Package	Store CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER Y	YOUR EMAIL AD	DRESS		•
DESCRIPTION (OF LICENSED PR	REMISES:				
TWO ROOMS O	N FIRST FLOOR	CELLAR FOR STC	OCK			
I hereby certify a	nd swear under per	nalties of perjury that:	:			
1. the rer	newed license will	be of the same type f	or the same	premises now	licensed;	
2. the lic	ensee has complied	d with all laws of the	Commonwe	ealth relating to	taxes; and	
	=	en for business (If not		_		
SIGNED BY	Individual, P	artner or Authorized	Corporate C	Officer		
DATE:	TELEP	HONE NUMBER:				ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			1.0	CAL LICENC		ND ITTV
APPROVED:				CAL LICENS	ING AUTHO	OKII Y
DISAPPROVED			By:			
(If disapproved ex						
· · · · · · · · · · · · · · · · · · ·	1 /					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 003800133		CITY OR TOWN LINN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSI		E CONVENIENCE STO	RE	
	9-51 WALNUT STR			
CITY/TOWN:	LYNN	STATE: MA		
MANAGER:	ALAM, MOHAMMED S.	TYPE OF LICENSE:P	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	FOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
SALES AND S	STORAGE ON ONE	E FLOOR, NO CELLAR.		
	premises are now op	pen for business (If not exp		
DATE:	TELE	DUONE NUMBER.	EMPLOYER IDENTIFICA	TION NUMBER:
	TELE	PHONE NUMBER:	(Note: NOT Individual Social	
Please Check Belo APPROVED:			LOCAL LICENSING AUTH By:	IORITY
OISAPPROVI (If disapproved				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063800	0136	CITY OR TOWN LYNN	
APPLICATION FOR RENEV	WAL: Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: LEO A DOING BUSINESS A T-STO			
ADDRESS 544-46 WALNUT	ΓST		
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01905	i
MANAGER:	TYPE OF LICENSE:P	ackage Store CATEGOI	RY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSI	ED PREMISES:		
FIRST FLOOR WITH CELL.	AR FOR STORAGE		
I hereby certify and swear und	ler penalties of perjury that:		
1. the renewed licens	e will be of the same type for the	ne same premises now licensed	l;
2. the licensee has co	mplied with all laws of the Con	nmonwealth relating to taxes; a	and
3. the premises are no	ow open for business (If not exp	plain below)	
SIGNED BY			
	lual, Partner or Authorized Corp	porate Officer	
DATE:	TELEDHONE NUMBED.	EMPLOYER IDENTIF	EICATION NUMBER:
1	TELEPHONE NUMBER:	(Note: NOT Individual So	
		· —	•
Please Check Below:		LOCAL LICENGING AL	VELLODIES.
APPROVED:		LOCAL LICENSING AU	THORITY
DISAPPROVED:		By:	
(If disapproved explain)			
• ,			
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

APPLICATION FOR RENEWAL: CLASS YEAR LICENSEE NAME: VN MARKET INC. DOING BUSINESS A VN MARKET ADDRESS 205-07 WASHINGTON ST CITY/TOWN: LYNN STATE: MA ZIP CODE: 01901 MANAGER: NGUYEN, HUNG TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regula EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE LARGE ROOM AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed;
LICENSEE NAME: VN MARKET INC. DOING BUSINESS A VN MARKET ADDRESS 205-07 WASHINGTON ST CITY/TOWN: LYNN STATE: MA ZIP CODE: 01901 MANAGER: NGUYEN, HUNG TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regula EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE LARGE ROOM AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that:
DOING BUSINESS A VN MARKET ADDRESS 205-07 WASHINGTON ST CITY/TOWN: LYNN STATE: MA ZIP CODE: 01901 MANAGER: NGUYEN, HUNG TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regula EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE LARGE ROOM AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that:
ADDRESS 205-07 WASHINGTON ST CITY/TOWN: LYNN STATE: MA ZIP CODE: 01901 MANAGER: NGUYEN, HUNG TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regula EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE LARGE ROOM AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that:
CITY/TOWN: LYNN STATE: MA ZIP CODE: 01901 MANAGER: NGUYEN, HUNG TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regula EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE LARGE ROOM AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that:
MANAGER: NGUYEN, HUNG TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regula EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE LARGE ROOM AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that:
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: ONE LARGE ROOM AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that:
DESCRIPTION OF LICENSED PREMISES: ONE LARGE ROOM AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that:
ONE LARGE ROOM AND CELLAR FOR STORAGE I hereby certify and swear under penalties of perjury that:
I hereby certify and swear under penalties of perjury that:
1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)
SIGNED BY
Individual, Partner or Authorized Corporate Officer
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER:
(Note: NOT Individual Social Security Number)
Please Check Below: LOCAL LICENSING AUTHORITY
APPROVED: By:
APPROVED: By: DISAPPROVED:
APPROVED: By:
APPROVED: By: DISAPPROVED:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 063800139		CITY OR TOWN	LYNN	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
DOING BUSIN		FLORIST,INCORPORA	TED		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE:	01905	
MANAGER:	CIOTA, MARGARET F	TYPE OF LICENSE: P	Package Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
ONE STORY I I hereby certify 1. the 2. the	and swear under per renewed license will licensee has complied	EEMISES: E ROOMS AND FULL of the same type for the same type for the same type for the same type for the confor business (If not expenses).	he same premises now mmonwealth relating to		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEP	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063800141		CI	TY OR TOWN	LYNN	
APPLICATION FOR	RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	JOHNNY & KATI	ELYN INC.				
DOING BUSINESS A	JIMMY'S DISCO	OUNT LIQUO	RS			
ADDRESS 873 WEST	TERN AVENUE					
CITY/TOWN: LYNN	1	STATE:	MA	ZIP CODE:	01901	
MANAGER: HUYN	IH, JIMMY TYI	PE OF LICEN	SE:Packag	e Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION OF L	ICENSED PREMI	SES:				
ONE ROOM ON FIRS	ST FLOOR, CELL	AR AND REA	R CONNE	CCTING BUIL	DING FOR	
I hereby certify and sw	ear under penalties	of perjury tha	t:			
1. the renewed	d license will be of	the same type	for the sam	ne premises nov	w licensed;	
2. the licensee	has complied with	all laws of the	e Commony	wealth relating	to taxes; and	
	es are now open for			_		
SIGNED BY						
SIGNED B1	Individual, Partner	or Authorized	l Corporate	Officer		
DATE:	TELEPHON	E NUMBER:		EMPLOYE	ER IDENTIFICAT	ION NUMBER:
				(Note: NOT In	ndividual Social S	ecurity Number)
Please Check Below:			ī	OCAL LICEN	SING AUTHO	ORITY
APPROVED:				sy:	SING NO III	SKIT I
DISAPPROVED:			~	.,,,		
(If disapproved explain	n)		_			
			-			
DATE:			-			
DAIE.						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	ABER: 063800142		CITY OR TOV	WIN LININ	
APPLICATION	FOR RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
	ME: Hines Liquors, IESS A HINE'S LIQU				
ADDRESS 518	WESTERN AVE				
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE	2: 01901	
MANAGER:	Pham, Trung Ngoc	TYPE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PRI	EMISES:			
THREE ENTRA	ANCES AND EXITS	S. SALES AND STORA	GE ON FIRST FI	LOOR. CELLAR	FOR
2. the l	icensee has complied	with all laws of the Conn for business (If not exp	nmonwealth relati		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:		OYER IDENTIFICAT	
Please Check Below APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 063800143		CITY OR TOWN LINN	
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINES! ADDRESS 99 CON	S A D & M VA	RIETY		
CITY/TOWN: LY		STATE: MA	ZIP CODE: 01905	
MANAGER: DO		TYPE OF LICENSE:P		Wine and Malt Regular
EMAIL ADDRESS	S :			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PI	REMISES:		
ONE STORY, NO	BASEMENT			
2. the licen 3. the pren	see has complie	· -	e same premises now licensed; nmonwealth relating to taxes; and plain below)	
SIGNED BY	Individual, F	Partner or Authorized Corp	oorate Officer	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] lain)		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063800144		CITY OR TOWN	LYNN	
APPLICATION FOI	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	HOA T. TRAN	N			
DOING BUSINESS	A D & T				
ADDRESS 17 HIGH	I ROCK ST				
CITY/TOWN: LYN	NN	STATE: MA	ZIP CODE:	01901	
MANAGER: HOA	T. TRAN	TYPE OF LICENSE:P	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
		CELLAR FOR STORA	.GE		
I hereby certify and s	•	atties of perjury that: be of the same type for the	ao sama pramisas nou	licancade	
		with all laws of the Cor	=		
	_	n for business (If not exp	=	o tanes, and	
SIGNED BY					
	Individual, Par	rtner or Authorized Cor	porate Officer		
DATE:	TELEPH	HONE NUMBER:			ION NUMBER:
			(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
			-		
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 063800145		CITY OR TOWN	LYNN		
APPLICATION FOR RENEWAL: Annual			LICEN	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS						
ADDRESS 31 LYN	NWAY					
CITY/TOWN: LY	NN	STATE: MA	ZIP CODE:	01901		
MANAGER: DO,	AN NGOC TY	PE OF LICENSE:Pa	ckage Store C	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		-	
DESCRIPTION OF	LICENSED PREMI	ISES:				
2 ROOMS ON FIRS	ST FLOOR WITH R	EAR DELIVERY AF	REA			
I hereby certify and	swear under penaltie	es of perjury that:				
1. the renew	ved license will be of	f the same type for the	e same premises now	licensed;		
		h all laws of the Com	=			
	-	r business (If not expl	_	•		
CICNED DV						
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer			
DATE:	TEI EDUON	NE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:	
	TELEFHOI	NE NUMBER.	(Note: NOT Inc			
					•	
Please Check Below:			LOCAL LICENS	INIC ALITHI	ODITY	
APPROVED:				OING AUTHO	JKII I	
DISAPPROVED:			By:			
(If disapproved expl	ain)					
· · · · · ·						
DATE:						



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LICENSE NUM	IBEK: 063800148		CITY OR TOWN LINN	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: KNIGHTS O	F PYTHIAS #72		
DOING BUSIN	ESS A			
ADDRESS 251	MAPLE STREET			
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01904	
MANAGER:	HASKELL, JOSEPH B.	TYPE OF LICENSE: Cli	ub CATEGORY	: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
2ND - 3RD FLO	OOR FOR STORAG	E ONLY.		
I hereby certify a	and swear under pen	alties of perjury that:		
1. the re	enewed license will l	be of the same type for the	e same premises now licensed;	
2. the li	censee has complied	with all laws of the Com	monwealth relating to taxes; and	l
3. the p	remises are now ope	en for business (If not expl	lain below)	
SIGNED BY DATE:		artner or Authorized Corp HONE NUMBER:	orate Officer EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Socia	Security Number)
Acts of 2004, si	igned by the building	ng inspector and the hea	ne certificate required by Chap d of the fire department for th urance required by Chapter 1	ie above
Please Check Below	<u>v:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved	expiaiii)			
DATE:				
APPLICATION FOR F	RENEWAL MUST BE FILEI	D BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	(16A)



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LICENSE NUI	MBER: 063800150		CITY OR TOWN LYNN	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: COMMUNI	TY BROTHERHOOD OF L	LYNN, INC.	
DOING BUSIN	NESS A			
ADDRESS 15	COBURN STREET	1		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01901-0	8
MANAGER:	WHEELER JR., HERMAN	TYPE OF LICENSE: Clul	b CATEGORY	: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
-	N OF LICENSED P			
	JB ROOM,LOUNG S, STOREROOMS	E,KITCHEN, STOREROON	MS. 2ND FLR; MAIN HALL,	KITCHEN,
I hereby certify	and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; and	d
3. the	premises are now op	en for business (If not expla	in below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Cha of the fire department for the rance required by Chapter 1	ne above
Please Check Belo	OW:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	і ехріаш)			
DATE:				



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LICENSE NUMBER:	063800155	CITY OR TOWN LTNN				
APPLICATION FOR	RENEWAL:	Annu	al	LICE	NSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 093-95 HA		MERICAN (CITIZENS	CLUB, INC.		
CITY/TOWN: LYNN		STATE:	MA	ZIP CODE:	01901-08	
MANAGER: BARB S.	UTO, MARK TYPE	OF LICEN	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS		
ONE STORY BLDG.,		S:				
2. the licensee	l license will be of the has complied with als are now open for bu	e same type I laws of the	for the san e Common	wealth relating		
SIGNED BY	Individual, Partner or	Authorized	l Corporate	e Officer		
DATE:	TELEPHONE	NUMBER:			ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed a named license and (2 of 2010.	by the building inspe	ector and th	ne head of	the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)			LOCAL LICE By:	NSING AUTH	ORITY
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:063800157		CITY OR TO	OWN LYNN	
APPLICATION FOR	RENEWAL:	Annual	Ll	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 78 HENR	A JENNY'S CO	NVENIENCE STORE			
CITY/TOWN: LYN	N	STATE: MA	ZIP COD	E: 01901	
	TANA, T	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
1	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I		MISES:			
ONE STORY, NO C	ELLAR				
	es are now open	vith all laws of the Confor business (If not exp	plain below)	ting to taxes; and	
	Individual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063800158	(CITY OR TOWN	LYNN	
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: GREEN TEA	CORPORATION			
DOING BUSINESS A GREEN TE	A			
ADDRESS 751 LYNNWAY				
CITY/TOWN: LYNN	STATE: MA	ZIP CODE:	01905	
MANAGER: THAM, LIN	TYPE OF LICENSE: Resta	urant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS		_
DESCRIPTION OF LICENSED PR				
ONE STORY BLDG WITH FRON' WITH SEPARATE KITCHEN ARE		ANCES, DININ	G AND BAR	AREA
T1 1 20 1				
I hereby certify and swear under pen 1. the renewed license will l		ama pramicae not	v licensed:	
2. the licensee has complied	* *	•		
3. the premises are now ope		_	to tarios, and	
SIGNED BY				
Individual, Pa	artner or Authorized Corpora	ite Officer		
DATE.				
DATE: TELEP	HONE NUMBER:		ER IDENTIFICAT ndividual Social S	
		(* ***** <u>* ****</u> 11	iai viadai Boeiai E	recurry rumber)
We the undersigned, attest that w				
Acts of 2004, signed by the building named license and (2) the certification	_	_		
of 2010.				
Please Check Below:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(11 disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:063800159		CITY OR TOV	VIN LININ	
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 337 BOS	A BOSTON S	REET BEER & WINE FREET VARIETY			
CITY/TOWN: LYN		STATE: MA	ZIP CODE	: 01901	
MANAGER: MAI,		TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF I	LICENSED PR		EMAIL ADDRESS		
2. the license	ed license will be has complied es are now ope	pe of the same type for the l with all laws of the Control on for business (If not exp	nmonwealth relation		
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 06380	JU104	CITY OR TOWN LINN	
APPLICATION FOR RENI	EWAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: ANA	STASIOS MAVROS		
DOING BUSINESS A HA	YWARDS RESTAURANT		
ADDRESS 125 LYNNFIEL	D ST		
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER: MAVROS, ANASTASI	TYPE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICEN			
ONE STORY, CELLAR FO	R STORAGE		
2. the licensee has of 3. the premises are SIGNED BY	nse will be of the same type for the complied with all laws of the Comnow open for business (If not expidual, Partner or Authorized Corp	nmonwealth relating to taxes; and lain below)	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: <u>NOT</u> Individual Social S	Security Number)
Acts of 2004, signed by the	e building inspector and the hea	he certificate required by Chapt nd of the fire department for the urance required by Chapter 116	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 063800168		CITY OR T	OWN LYNN	
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR 2	2013
		CLASS	S		YEAR
LICENSEE NAME:	WILLIEMOE LL	C			
DOING BUSINESS A	A MAX'S PUB				
ADDRESS 047-49 C	ENTRAL AVE				
CITY/TOWN: LYN	N	STATE:	MA ZIP CO	DE: 01901	
	ONEY JR., TY JAM C.	PE OF LICENSI	E:Restaurant	CATEGORY	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR		OUR EMAIL ADDRESS		
DESCRIPTION OF I					
ONE FLOOR, BASE	MENT FOR STOR	RAGE			
					•
SIGNED BY	es are now open for				
DATE:			EM	DI OVED IDENTIFICA	TION NUMBER.
DAIL.	TELEPHO	NE NUMBER:		PLOYER IDENTIFICA <u>NOT</u> Individual Social	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	nspector and the	head of the fire	department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL I By:	ICENSING AUTH	IORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 063800171	(CITY OR TOWN LYNN	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
	AME: JAMES M. CH NESS A WALNUT ST			
ADDRESS 157	7 WALNUT ST			
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01905	
MANAGER:	CHALMERS, JAMES M.	TYPE OF LICENSE: Resta	urant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
		UR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
	N OF LICENSED PRE STANDING RESTAU			
	premises are now open	with all laws of the Common for business (If not explain the control of the Common for business) with all laws of the Common for business (If not explain the control of the Common for business) with all laws of the Common for business (If not explain the common for business) with all laws of the Common for business (If not explain the common for business) with all laws of the Common for business (If not explain the common for business) with all laws of the Common for business (If not explain the common for business) with all laws of the Common for business (If not explain the common for business) with all laws of the Common for business (If not explain the common for business) with all laws of the common for business (If not explain the common for business) with all laws of the common for business (If not explain the common for business) with all laws of the common for business (If not explain the common for business) with all laws of the common for business (If not explain the common for business) with all laws of the common for business (If not explain the common for business) with all laws of the common for business (If not explain the common for business) with all laws (If not explain the common for business) with all laws (If not explain the common for explain the common for business) with all laws (If not explain the common for		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building	g inspector and the head o	certificate required by Chap of the fire department for th ance required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBEK: 0638001/5		CITY OR TOWN LINN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: GOLD AND NESS A GASTRON			
ADDRESS 14	5-47 BROAD STRE	ET		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01902	
MANAGER:	GOLDFARB, ALEXANDER	TYPE OF LICENSE:P	ackage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PI	REMISES:		
	premises are now op	d with all laws of the Conen for business (If not expense)		d
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X:063800176		CITY OR TO	IWN LINN	
APPLICATION FO	R RENEWAL:	Annual	LI	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CHRISTOPHER	ALLEN INC.			
DOING BUSINESS	A SAND BAR				
ADDRESS 5052 S	UFFOLK STREET				
CITY/TOWN: LY	NN	STATE: MA	ZIP COD	E: 01901-08	
	OWN, TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
FREE STANDING	BUILDING ENTRA	ANCE & EXIT IN FR	ONT AND BA	CK.	
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be o	f the same type for the	same premises	now licensed;	
2. the licens	ee has complied wit	th all laws of the Com	monwealth rela	ting to taxes; and	
3. the premi	ses are now open for	or business (If not expl	ain below)		
SIGNED BY	Individual Partne	er or Authorized Corp	orate Officer		
	marviduai, i artik	of Additionized Corp	orate Officer		
DATE:	TEL EDITO	ATE ATT OF THE	EMDI	LOYER IDENTIFICAT	FION NI IMPED.
DITTE.	TELEPHO	NE NUMBER:		OT Individual Social S	
Acts of 2004, signe	d by the building in	re in possession (1) the enspector and the hea of liquor liability insu	d of the fire de	epartment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)		-		
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 063800177		CHY	JK TOWN	LINN	
APPLICATION FO	R RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	: TATIANA ENTERP	RISES, INC.				
DOING BUSINESS	S A TATIANA'S REST	AURANT				
ADDRESS 7074 N	MARKET STREET					
CITY/TOWN: LY	NN	STATE: MA	ZII	P CODE:	01901-08	
MANAGER: DEL NOR	.GADO, TYPE RMA	OF LICENSE: Res	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:					
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBS LICENSED PREMISE		MAIL ADDR	ESS		
 the renev the licens 	swear under penalties of wed license will be of the see has complied with al ises are now open for bu	e same type for the ll laws of the Comm	nonweal	th relating		
SIGNED BY	Individual, Partner or	r Authorized Corpo	orate Off	icer		
DATE:	TELEPHONE	NUMBER:	(1)			TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspect (2) the certificate of li	ector and the head	d of the	fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCABy:	AL LICEN	SING AUTH	ORITY
DATE:						



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LICENSE NUI	MBER: 063800178		CITY OR TOWN LYNN	
APPLICATION	N FOR RENEWAL	: Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: LUPITA RI	ESTAURANT INC.		
DOING BUSIN	NESS A LUPITA F	RESTAURANT		
ADDRESS 018	8-22 MUNROE ST	REET		
CITY/TOWN:	LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER:	GUEVARA, ERASMO A.	TYPE OF LICENSE:R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
DESCRIPTION	PLEASE ALSO VISI N OF LICENSED F	PREMISES:	EMAIL ADDRESS	
 the i 	renewed license wil		ne same premises now licensed; nmonwealth relating to taxes; and plain below)	
SIGNED BY	Individual,	Partner or Authorized Corp	porate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social S	
Acts of 2004,	signed by the build	ling inspector and the he	he certificate required by Chapt ad of the fire department for the surance required by Chapter 110	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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LICENSE NUMBER	:063800179		CITY OR TOWN LINN		
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	.013	
		CLASS		YEAR	
LICENSEE NAME:	Turbine Wine I	Bar, LLC			
DOING BUSINESS	A Turbine Wine	Bar			
ADDRESS 56 CENT	RAL SQUARE				
CITY/TOWN: LYN	N	STATE: MA	ZIP CODE: 01901		
MANAGER: Hanle	y, Stephen	ΓΥΡΕ OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF I	LICENSED PRE	MISES:			
		CBLDG W/ SPACE IN C ΓΟ CENTRAL SQUARE	CELLAR FOR STORAGE. SPA	CE IS	
I hereby certify and s	-				
		• •	same premises now licensed;		
			nonwealth relating to taxes; and		
3. the premis	es are now open	for business (If not expla	in below)		
GIGNED DV					
SIGNED BY	Individual, Par	tner or Authorized Corpo	rate Officer		
	·	·			
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:	
	1 EEE 11	ONE INCIMENT	(Note: NOT Individual Social Security Number)		
We the undersigned	Lattact that wa	are in necession (1) the	e certificate required by Chap	ton 204 of the	
			of the fire department for the		
named license and (of 2010.	2) the certificat	e of liquor liability insu	rance required by Chapter 11	6 of the Acts	
Please Check Below:			LOCAL LICENSING AUTH	ORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:					
<i>ν</i> (111.					



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LICENSE NUMBER	:: 063800180		CITY	OR TOWN	LYNN	
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS	}			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 497 LYN	A SPORTS CENTER		ENTER INC			
CITY/TOWN: LYN	IN	STATE:	MA ZI	P CODE:	01905	
MANAGER: CRO	WLEY, SEAN TYPI	E OF LICENSI	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF I	PLEASE ALSO VISIT OUR WEE LICENSED PREMISI STAURANT; OCCU	ES:		RESS		
1. the renewa 2. the license 3. the premis	wear under penalties of ed license will be of the ee has complied with a ses are now open for b	ne same type for	Commonwea	lth relating to		
SIGNED BY	Individual, Partner of	or Authorized (Corporate Of	ficer		
DATE:	TELEPHONE	NUMBER:	(I			TION NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are i l by the building insp (2) the certificate of l	ector and the	head of the	fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOC By:	AL LICENS	SING AUTHO	ORITY
DATE:						



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LICENSE NUMBER: 063800181		CITY OR TOWN LYNN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: LYNNWAY LOUDOING BUSINESS A LYNNWAY			
ADDRESS 170 BROAD ST			
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01902	
MANAGER: VERAS, RAFAEL E.TYI	PE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMIS	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	-
I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	the same type for the s	onwealth relating to taxes; and	
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire department for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 063800183		CITY OR TOWN	N LYNN	
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	E: TERESA PARAD. S A EL PULGARSIT ESTERN AVENUE				
CITY/TOWN: LY		STATE: MA	ZIP CODE:	01901	
	RADA, TERESA TYI	PE OF LICENSE: Re	estaurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:]
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMI	SES:			
ONE FLOOR, 3 EN	NTRANCES & EXITS	S SEATS 28 PEOPL	E.		
3. the pren	nsee has complied with nises are now open for		•	to taxes; and	
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed, attest that we are ed by the building in d (2) the certificate of	spector and the hea	d of the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063800185		CITY OR TOWN LIN	N
APPLICATION FOR F	RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	ANTIGUA, LLC			
DOING BUSINESS A	CASA ANATIGUA			
ADDRESS 129 OXFO	RD STREET			
CITY/TOWN: LYNN		STATE: MA	ZIP CODE: 0190	1
MANAGER: SANCE	HEZ, SAUL TYPE	OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
PLI	EASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LI	CENSED PREMISES	5 :		
FIRST FLOOR, STOR	AGE AREA, KITCH	EN, FRONT AND	REAR EXITS.	
I hereby certify and swe	ear under penalties of	perjury that:		
		• •	same premises now license	
			onwealth relating to taxes;	and
3. the premises	s are now open for bus	siness (If not expla	in below)	
CICNED DV				
SIGNED BY	Individual, Partner or	Authorized Corpo	rate Officer	
DATE:	TELEPHONE N	NUMBER:	EMPLOYER IDENT	FICATION NUMBER:
			(Note: NOT Individual S	ocial Security Number)
We the undersigned.	attest that we are in	nossession (1) the	certificate required by (Chanter 304 of the
Acts of 2004, signed b	y the building inspe	ctor and the head	of the fire department fo	or the above
named license and (2) of 2010.	the certificate of liq	uor liability insur	rance required by Chapte	er 116 of the Acts
01 2010.				
Please Check Below: APPROVED:			LOCAL LICENSING A	UTHORITY
DISAPPROVED:]		By:	
(If disapproved explain)			
, II	,			
DATE:				



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LICENSE NU	MBER: 063800186		CITY OR TOWN LYNN	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N.	AME: RINCON MACC	ORISANO		
DOING BUSI	NESS A RINCON MAC	CORISANO		
ADDRESS 35	0 WASHINGTON STRE	EET		
CITY/TOWN:	: LYNN	STATE: MA	ZIP CODE: 01901	
MANAGER:	ENCARNACION, T BASILIO	YPE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
ENTRANCE (ON WASHINGTON ST.	2 EXITS		
I hereby certify	y and swear under penalti	es of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now licensed;	
2. the	licensee has complied w	ith all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now open f	or business (If not exp	lain below)	
SIGNED BY	Individual, Partr	er or Authorized Corp	oorate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Acts of 2004,	signed by the building	inspector and the hea	ne certificate required by Chapt ad of the fire department for the urance required by Chapter 110	above
Please Check Bel	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED BY	Y LICENSEES DURING THE I	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 063800188		CITY OR TOWN LINN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RJNS ENTERPR DOING BUSINESS A OLD NEIGHBO		ANT & TAVERN
ADDRESS 612 BOSTON STREET		
CITY/TOWN: LYNN	STATE: MA	ZIP CODE: 01901
MANAGER: STILIAN, ROBERT TY J.	YPE OF LICENSE: Res	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS
DESCRIPTION OF LICENSED PREM		
ONE FLOOR WITH ENTRANCE ANI		
I hereby certify and swear under penaltic	1 0 0	
1. the renewed license will be o	• •	•
3. the premises are now open for		monwealth relating to taxes; and
3. the premises are now open to	or business (ii not expia	ani below)
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building i	nspector and the head	e certificate required by Chapter 304 of the dof the fire department for the above trance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 063800191		CITY OR TOWN LYNN	
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	SALVY THE	FLORIST INC.		
DOING BUSINESS	A			
ADDRESS 793 WES	TERN AVENU	JE		
CITY/TOWN: LYN	N	STATE: MA	ZIP CODE: 01901	
MANAGER: MIGI SALV	JACCIO, ATORE R.	TYPE OF LICENSE: Pac	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:				
]	LEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF I	ICENSED PRI	EMISES:		
PUBLIC ACCESS A	Γ THREE LOC	CATIONS WESTERN AV	RICK VENEER STRUCTURI ENUE (TWO OPERATIONA SS/EGRESS FROM REAR O	L DURING
3. the premis	_	with all laws of the Comr n for business (If not expla	nonwealth relating to taxes; an ain below)	d
SIGNED BY	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	063800192		CITY OR I	OWN	LINN	
APPLICATION FOR	RENEWAL:	Annual	I	LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	ESSEX ST FOOI	D SERVICES, INC				
DOING BUSINESS A	ANTIQUE TAI	BLE				
ADDRESS 2-6 ESSEX	X ST					
CITY/TOWN: LYNN	1	STATE: MA	ZIP CO	DE:	01901	
MANAGER: SOTO	, CARLOS TY	YPE OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF L	ICENSED PREM	ISES:				
ONE STORY CONTA AND TWO RESTRO		OOMS, DINING ARI	EA AND KITC	HEN.	TWO ENTE	RANCES
I hereby certify and sw	ear under penalti	es of perjury that:				
1. the renewed	d license will be o	of the same type for the	ne same premis	es now	licensed;	
2. the licensee	has complied wi	th all laws of the Con	nmonwealth rel	lating t	o taxes; and	
3. the premise	s are now open for	or business (If not exp	olain below)			
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer			
			,			
DATE:	TELEPHO	NE NUMBER:	EMI	PLOYEF	R IDENTIFICA	TION NUMBER:
	TEEET 110	I LE I VOIVIBER.	(Note: <u>N</u>	NOT Ind	lividual Social	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building i	nspector and the he	ad of the fire o	departı	ment for the	e above
Please Check Below:			LOCAL L	ICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	n)		-			
DATE:						
2.1.1.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 063800193		CIT	Y OR TOWN	LYNN	
APPLICATION FOR	R RENEWAL:	Annua	ıl	LICEN	SED FOR 20)13
		CLAS	S			YEAR
	JAMES M. BARBER A LUCKY STRIKE R	•	N INC.			
ADDRESS 73 BUFF	FUM STREET					
CITY/TOWN: LYN	NN	STATE:	MA Z	ZIP CODE:	01901	
MANAGER: BAR	BER, DAVID J. TYPE	OF LICENS	SE:Restaura	nt C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WEBS		YOUR EMAIL AI	DDRESS		
	LICENSED PREMISE					
	EY WITH 34 LANES C					
 the renew the licens 	swear under penalties of yed license will be of the see has complied with all ses are now open for bu	e same type f	or the same	ealth relating t		
SIGNED BY	Individual, Partner or	r Authorized	Corporate (Officer		
DATE:	TELEPHONE	NUMBER:				TION NUMBER:
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of li	ector and th	e head of th	ie fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LC By	CAL LICENS	SING AUTHO	ORITY
DATE:			_			



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LICENSE NUMBER	R: 063800197		CITY OR TOW	N LYNN	
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PEKE 3 INC.				
DOING BUSINESS	A NORTHERN NIG	HTS			
ADDRESS 649 LY	NNWAY				
CITY/TOWN: LY	NN	STATE: MA	ZIP CODE:	01901	
MANAGER: CAF	HILL, KEVIN J. TYP	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
ONE STORY BUIL OFFICE AND KITC	DING AND OUTDOO CHEN	OR PAIO, ENTRA	NCE AND EXITS	STORAGE RO	OOM,
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of the	he same type for the	same premises no	ow licensed;	
	see has complied with		^	g to taxes; and	
3. the premi	ises are now open for b	ousiness (If not expl	ain below)		
SIGNED BY	Individual, Partner o	on Authorized Com	arata Officer		
	murviduai, Farmei (or Authorized Corp	orate Officer		
DATE:			EMBLOX	VED IDENTIFICAT	TON MILIMPER
DATE.	TELEPHONE	E NUMBER:		'ER IDENTIFICAT Individual Social S	
	ed, attest that we are i				
	(2) the certificate of l				
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	-:)				
(If disapproved expl	аш)				 .
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY LIC	CENSEES DURING THE M	IONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 063800199		CITY OR TOWN	LYNN	
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: SUPER KING WO		RANT		
ADDRESS 144 M					
CITY/TOWN: LY	YNN	STATE: MA	ZIP CODE:	01901	
MANAGER: WI	ENG, TINGTING TYF	PE OF LICENSE: Re	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WI		EMAIL ADDRESS		
	F LICENSED PREMIS		_		
	ITH ONE ENTRANCE d swear under penalties		S		
2. the lice	ewed license will be of nsee has complied with mises are now open for	all laws of the Com	monwealth relating t		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
Acts of 2004, sign	ned, attest that we are ned by the building ins d (2) the certificate of	pector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBE	R: 064000001		CITY OR TOWN	LYNNFIE	LD
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	WAKEFIELD EL	LKS HOME ASSN.			
DOING BUSINESS	A				
ADDRESS 63 BAY	STATE RD.				
CITY/TOWN: LY	NNFIELD	STATE: MA	ZIP CODE:	01940	
MANAGER: HOON.	OD, CHESTER TY	PE OF LICENSE: Clu	ıb C	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF					
1ST FLR; CLUB ROCOAT ROOMS, ST		TCHEN, STOREROO	MS. 2ND FLR; MA	AN HALL, K	ITCHEN,
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renev	ved license will be o	f the same type for the	same premises now	v licensed;	
2. the licens	see has complied wit	th all laws of the Comr	nonwealth relating	to taxes; and	
3. the prem	ises are now open fo	or business (If not expla	ain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:			TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signe	d by the building in	re in possession (1) the aspector and the head of liquor liability insu	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	loin)				
(If disapproved expl	am)				
DATE:					



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LICENSE NUMBER: 06	4000003		CIT	TY OR TOWN	LYNNFIEI	LD
APPLICATION FOR RE	ENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME: BR	ROADWAY LIG	HTS LLC				
DOING BUSINESS A T	HE FAT CACTU	US				
ADDRESS 215 BROAD	WAY					
CITY/TOWN: LYNNF	IELD	STATE:	MA	ZIP CODE:	01940	
MANAGER: GREER, MATTHI		E OF LICEN	SE:Restaur	ant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR WE	BSITE AND ENTER	YOUR EMAIL A	ADDRESS		-
DESCRIPTION OF LICE	ENSED PREMIS	SES:				
SMALL PRIVATE DINI PRIVATE DINING ROO			ROOM, LO	UNGE AND B	AR, LARGE	
I hereby certify and swear	r under penalties	of perjury tha	t:			
1. the renewed li	cense will be of t	the same type	for the sam	e premises now	licensed;	
2. the licensee ha	as complied with	all laws of the	Commonv	vealth relating to	o taxes; and	
3. the premises a	re now open for	business (If no	ot explain b	elow)		
SIGNED BY						
In	dividual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHONI	E NUMBER:				ION NUMBER:
				(Note: NOT Ind	iividual Social S	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building ins	pector and th	e head of t	the fire departi	ment for the	above
Please Check Below:			L	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved explain)						
DATE:			_			_



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LICENSE NUM	MBER: 064000005		CITY OR TOWN	LYNNFIELD
APPLICATION	FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
DOING BUSIN				
	OULTON DR.& OAK ST.			
CITY/TOWN:	LYNNFIELD	STATE: MA	ZIP CODE:	01940
MANAGER:	YEE, JAMES W TYP	E OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WE		IAIL ADDRESS	
1ST FLR; MAI ROOM,STORA	I OF LICENSED PREMIS N ROOM, COCKTAIL LO AGE ROOM, FOYER, VES ITRANCE AND EXIT. O	OUNGE,,KITCHEN,I TIBULE; LOWER L	EVEL; ONE BIG S	TORAGE ROOM;
I hereby certify	and swear under penalties	of perjury that:		
	enewed license will be of t	• 1		
	icensee has complied with		· ·	taxes; and
3. the p	premises are now open for l	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHONI	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, s	signed, attest that we are igned by the building ins and (2) the certificate of	pector and the head	of the fire departn	nent for the above
Please Check Belov	<u>W:</u>		LOCAL LICENSI	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	eapiani)			
DATE:				
APPLICATION FOR I	RENEWAL MUST BE FILED BY LI	CENSEES DURING THE MO	ONTH OF NOVEMBER (M.	G.L. Ch. 138 \$ 16A)



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ADDI ICATION FOR DENEMA	
APPLICATION FOR RENEWAL: Annua	al LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: 99 RESTAURANTS OF BOSTON	N, LLC
DOING BUSINESS A	
ADDRESS 317 SALEM STREET	
CITY/TOWN: LYNNFIELD STATE:	MA ZIP CODE: 01940
MANAGER: KERR, ALAN TYPE OF LICENS	SE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE LEVEL OF SLAB CONSTRUCTION WITH NO IN FRONT CONSISTS OF RESTAURANT, BAR, KIT	
I hereby certify and swear under penalties of perjury that	
1. the renewed license will be of the same type f	
2. the licensee has complied with all laws of the	•
3. the premises are now open for business (If no	t explain below)
Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession of Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	(Note: <u>NOT</u> Individual Social Security Number) (1) the certificate required by Chapter 304 of the e head of the fire department for the above
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below:	(Note: <u>NOT</u> Individual Social Security Number) (1) the certificate required by Chapter 304 of the e head of the fire department for the above
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	(Note: <u>NOT</u> Individual Social Security Number) (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	(Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	(Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	(Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the e head of the fire department for the above y insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	064000012		CITY OR TOV	VN LINNFIE	LD
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		'S			
ADDRESS 449 BROA	ADWAY SO				
CITY/TOWN: LYNN	NFIELD	STATE: MA	ZIP CODE	: 01940	
MANAGER: DUON	IG, JENNIE	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PR	EMISES:			
FIRST FLOOR RETA SIDE EXITS	IL STORE W	ITH ONE FRONT ENT	RANCE AND ON	IE REAR EXIT	. TWO
	s are now ope	with all laws of the Corn for business (If not expected and the corn for Authorized Co	plain below)	ng to taxes; and	
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICATION OF THE PROPERTY OF THE PROP	
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain	n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 064000018		CITY OR TOV	WN LYNNFIE	LD
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 2	.013
		CLASS			YEAR
	A T & L Liquors Wi	ne Cellar			
ADDRESS 588 MA					
CITY/TOWN: LYN	NNFIELD	STATE: MA	ZIP CODE	2: 01940	
MANAGER: Dich Porte		E OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
	LICENSED PREMIS				
	AIL AREA PLUS 450 STRIAN, ONE VIA T			O ENTRANCE	S AND
2. the licens	red license will be of the ee has complied with sess are now open for	all laws of the Cor	nmonwealth relati		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHONI	E NUMBER:		OYER IDENTIFICA ☐ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 064000020		CITY OR TOWN	LYNNFIEI	LD
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAI	ME: MOHAMMAD	ISLAM			
DOING BUSIN	ESS A OLD TOWNE	MARKET			
ADDRESS 8 PC	OST OFFICE SQUAR	E			
CITY/TOWN:	LYNNFIELD	STATE: MA	ZIP CODE:	01940	
	ISLAM, T MOHAMMAD	ΓΥΡΕ OF LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		1
DESCRIPTION	OF LICENSED PRE	MISES:			
SEPARATE EN	TRY AND EXIT FRO	DUCE , DELI, AND CO ONT DOORS, REAR LO S EQUIPPED WITH AI	OADING DOCK, D	OUBLE DO	OR AND
I hereby certify a	and swear under penal	ties of perjury that:			
1. the re	enewed license will be	of the same type for the	same premises now	licensed;	
2. the li	censee has complied w	vith all laws of the Com	nonwealth relating to	taxes; and	
3. the pr	remises are now open	for business (If not expl	ain below)		
SIGNED BY					
	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPHO	ONE NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below	<u>/:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: [By:	11.0710111	
DISAPPROVEI			•		
(If disapproved of	explain)				
DATE:					
L/1111.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 064000023		CITY OR TOW	N LYNNFIE	LD
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 8 BROA	A LYNFIELD				
CITY/TOWN: LY	NNFIELD	STATE: MA	ZIP CODE:	01940	
MANAGER: VER		TYPE OF LICENSE: P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
		IT OR ATTIC, MAIN I		ONT, CONSIS	TS OF
2. the licens 3. the prem	see has complied	e of the same type for the with all laws of the Corn for business (If not expense)	nmonwealth relating		
SIGNED BY	Individual, Pa	rtner or Authorized Cor	porate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 064000025		CITY OR TOWN LYNNFIELD		
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: SHREE RAM KA DOING BUSINESS A KERNWOOD I ADDRESS 12 SALEM STREET				
CITY/TOWN: LYNNFIELD	STATE: MA	ZIP CODE: 01940		
MANAGER: PATEL, HIREN TY	YPE OF LICENSE: Pac	kage Store CATEGORY	: All Alcohol	
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREM	ISES:			
1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY Individual, Partner	of the same type for the state all laws of the Comm	nonwealth relating to taxes; and in below)		
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY	
DATE:				